



Monomoy Scholarship Application

Please answer all questions and provide all information requested on this application. Do not leave any questions blank and provide all required documents. Incomplete applications will not be considered for financial assistance.

Child's Name _____ Date of Request _____

Guardian/Parents:

Please list both parents if yours is a two parent household and/or both parents share financial responsibilities for the child despite separate residences.

1. _____ Relationship: _____

2. _____ Relationship: _____

_____ Please check here if you are a single parent paying all expenses, including childcare, in your household. Do not check here if any other adult contributes to your household expenses.

Town of Residence _____ Home Telephone: _____

Street Address _____

Mailing Address: _____

Parent/Guardian Place of Employment and Work Address (Please note: employment may be verified)

Parent 1. _____

Parent 2. _____

Please indicate usual Hours of Employment for the position listed above:

Parent 1. _____

Parent 2. _____

If employed, please list the total monthly gross income for your household. Please be sure to include all income contributed to the household by any adults living in your home. Include any rents, child support, state or federal financial assistance you receive on a regular basis.

Monthly Gross Income: _____.

_____ Please check here if you are currently unemployed. If unemployed, please indicate last date of employment. _____

If you are unemployed please indicate how you are currently meeting household expenses:

Monomoy requires a minimum of 2 volunteer hours from each family receiving financial support. Please initial here that you understand this commitment and will be willing to complete your hours in a mutually agreed upon volunteer project before the end of the school year. _____

Monomoy Program Hours for which you are requesting assistance: (List days and times)

What is the total fee for the program you wish your child to attend? _____.

How much assistance are you requesting for that fee? Please note all families are expected to contribute to their childcare expenses _____

Please provide a brief explanation as to why you are requesting this assistance. In addition to a brief explanation, feel free to include here any special circumstances, emergency expenses or family challenges that you would like to know to application reviewers.

Dependents Name and Ages: Please list the names and ages of all dependents living in your household, for whom you are financially responsible.

Do you pay childcare expenses for any other children in your household? If yes, please explain expense and list monthly fees for each expense.

**Income verification is required for all households. Please attach a copy of the required documentation. Other forms of income verification (i.e. income tax forms) are not acceptable for this application.

If you are employed, acceptable forms of income verification are:

A letter from your employer (on company letterhead) stating your gross monthly gross pay amounts, your hours of employment and the length of your employ with that employer. If you employer does not have letterhead, he/she must sign a copy of a letter containing all of the information above, and have it notarized.

Or

Copies of your most recent pay stubs that show at least 4 weeks of consecutive pay information including gross wages, house worked SS number and name.

If you are self employed, the acceptable form of income verification is:

A Statement of Income Declaration. This is a notarized statement detailing your gross pay amount and sources of payment. Please note that income documentation may be verified. All information will be kept confidential.

If you are unemployed, the acceptable form of income verification is:

A copy of your DET benefit determination/notification. This is the letter you received from the MA Department of Employment and Training that states your monthly unemployment payment amount. If you are not receiving DET benefits, submit a notarized statement detailing how you are paying monthly household expenses.

Parent/Guardian Signature

Date _____