



Financial Aid Application - 2020

A limited amount of financial aid is available every year. Whether your income has been affected by COVID-19, or you have an ongoing need, please feel welcome to apply. Complete this application and submit it to the DCH Preschool Office or email it to ktober@dedhamcommunityhouse.org.

Preschool Student's Name(s): _____ Date of Birth: ____/____/____

Parent/Guardian's Name(s): _____

Address: _____ Town: _____ State _____ Zip _____

Phone #: _____ E-Mail: _____@_____

of children in household: _____ ages and schools of siblings: _____

of adults in household: _____ # of working adults in household: _____

Please explain if # of working adults has changed due to the COVID crisis, including timing: _____

Total GROSS (before taxes + deductions) household income LAST month: \$ _____

Total GROSS (before taxes + deductions) projected income THIS month: \$ _____

Total GROSS (before taxes + deductions) projected income NEXT month: \$ _____

Current Weekly Preschool Tuition: \$ _____ Amount you feel you can reasonably afford weekly: \$ _____

*****PLEASE PROVIDE AT LEAST TWO WEEKS/PAYROLLS OF PAYSTUBS*****

Please list any additional information about your circumstances that might be helpful in determining eligibility for financial aid.

Signature: _____ Date: ____/____/____

Office Use Only:

Financial Aid Granted _____ Denied _____ Amount Awarded: \$ _____