Nantucket Community School

Financial Assistance Application

Please complete this application and submit it along with photocopies of the following required documentation. Applications may be submitted at either NCS office location – 56 Centre Street or at our Elementary School office. Incomplete applications will not be considered.

- Most recent tax return or income statement
- 2 or 3 consecutive pay stubs or Employment Letter
- Supporting documentation of court-ordered child support, if applicable

CONTACT: Susan Richards at 508-228-7285 x1573 or richardss@npsk.org if you have any questions or to discuss your application.

Child Information

Child's Name			
Date of Birth (Month/Day/Year)		Child lives with:	□ Mother □ Father □ Other _____
Physical Address City, State ZIP Code		Mailing Address (if applicable)	
Other Children/Ages in Household			
Additional Children in the program applying for aid.			

Family Information

First Parent/Guardian Name		Relationship to Child	
Home Phone Number		Employer	
Email Address		Work Phone Number	
Second Parent/Guardian Name		Relationship to Child	
Home Number		Employer	
Email Address		Work Phone Number	
Number of people in household			

Financial Information

Contributes to household income	□ Mother □ Father □ Other _____		
Primary Caregiver works	□ Full Time □ Part Time	Hours Worked Per Week	
Secondary Caregiver works	□ Full Time □ Part Time	Hours Worked Per Week	
		Child Support/Alimony	$
		Unemployment/Social Security	$

		Other (specify WIC, SNAP, etc.)	$
		TOTAL monthly income from all contributing adults before taxes	$
		Monthly rent or mortgage	
Additional Expenses we should consider:			

Program Information

Which program will your child /children be attending?	
How many weeks will they be enrolled?	
What is the weekly/monthly fee of this program?	

Additional Information

Please describe your financial need. Is there any additional information you would like to provide?