

PS 372 AFTER SCHOOL FINANCIAL AID FORM - 2016/2017

Each year the PS372 Afterschool Program offers scholarships to those with demonstrated financial need. One guideline used to determine eligibility is household income levels that qualify for free or reduced lunch, which are published each year by the Federal Government. Financial Aid Application Forms are due with your registration form and should be returned in a separate, sealed envelope.

Please fill in the application below. Qualified applicants may be asked to provide financial documents as well. In order to maintain your privacy, Janine DiLorenzo, AS Registrar, will review applications and financial documents and make recommendations of qualified financial aid recipients to the After School Committee. Application approval is at the sole discretion of the PS372 After School Committee. Families will be responsible for the difference and may pay it in monthly installments. **Please place items in a sealed envelope marked "PS 372 After School Program, Attention: Janine DiLorenzo, AS Registrar" and put in the After School mailbox in the Cafeteria or mail to: 512 Carroll Street Brooklyn, NY 11215.**

Applicant:	First Name	Last Name	Class	Age	Gender	Free/Red. Lunch Y/N
Child 1:	_____	_____	_____	_____	_____	_____
Child 2:	_____	_____	_____	_____	_____	_____
Child 3:	_____	_____	_____	_____	_____	_____

Parent/Guardian 1: _____ Relation: _____

Address: _____ City: _____ State _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Parent/Guardian 2: _____ Relation: _____

Address: _____ City: _____ State _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Additional Dependents and Relationship: _____

Continued on Other Side

WRITE ALL CURRENT INCOME FOR ALL HOUSEHOLD MEMBERS.

Income including but not limited to: wages, salary, tips, self-employment, rental, alimony/child support, and gov't. Assistance.

Household Members including but not limited to: mother, father, step-mother/father, guardians, grandparents.

Name: First + Last	Relation/Source	Annual Income	AGI*
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____

*Adjusted Gross Income (AGI) from last years taxes (line 37 on 1040, line 4 on 1040EZ).

Please Include any expenses and/or hardships that affect your family's financial status.

I, _____, certify that the information submitted in connection with this Financial Aid Application is true and correct, and that all income is reported.

Parent/Guardian Signature: _____ Date: _____

Please leave blank. This section for internal use only.

- | | |
|--|--|
| <input type="checkbox"/> Application Complete | <input type="checkbox"/> Application Incomplete and Returned |
| <input type="checkbox"/> Requirements Met | <input type="checkbox"/> Requirements Not Met |
| <input type="checkbox"/> Scholarship Approved | <input type="checkbox"/> Scholarship Not Approved |
| <input type="checkbox"/> Registration Fee Waived | <input type="checkbox"/> Registration Fee Not Waived |

Signed: _____ Date: _____
After School Committee Member

After School Committee: Rose Amato (Principal) - Director. Bridget Nash (Assistant Principal), Beth Huff (DOE Coordinator /Student Affairs), Michael O'Neill (DOE Teacher) - Teachers Union Representative. Janine DiLorenzo - AS Registrar, Nina Crews & Stephen Eustace (PTA Presidents), Radha Korman (PTA Treasurer).