

**FRANKLIN PUBLIC SCHOOLS FINANCIAL ASSISTANCE APPLICATION**

**2024-2025 School Year**

To request financial assistance for any of the programs listed below, you must complete the attached application annually. This is the only process used to qualify for assistance for these programs.

1. Athletic Participation Fees
2. Extracurricular Fees
3. Pre-kindergarten Tuition Fees
4. Transportation Fees

**QUALIFICATION CRITERIA:**

Your family may qualify for either free or reduced fee assistance if your total household income is determined to fall at or below the limits on the chart:

|  |  |
| --- | --- |
| Household Size | Yearly Income\* |
| 1 | 15,060 |
| 2 | 20,440 |
| 3 | 25,820 |
| 4 | 31,200 |
| 5 | 36,580 |
| 6 | 41,960 |
| 7 | 47,340 |
| 8 | 52,720 |
| each add'l | 5,380 |

\*Amounts are subject to change based on HHS Poverty Guidelines and/or USDA Income Eligibility Guidelines for Child Nutrition Programs

Please complete the attached application and return it to the Business office along with all the required documentation as soon as possible. There is a limited amount of financial assistance available and awards are made on a first come, first served basis according to family need.

**OTHER ASSISTANCE PROGRAMS:**

**FREE AND REDUCED MEALS:** You must apply each school year for this program. If you do not reapply, you will be dropped from the program. An application packet will be available at <https://family.titank12.com/application/new?identifier=U9RNQP> in mid-August and will be available in paper format from each school office throughout the year.

**Franklin Public Schools Financial Assistance Application** **2024-25 School Year**

**Complete this application to apply for assistance with any of the following programs: Transportation,** **Preschool Tuition, Athletic Fees or Activity Fees. Your child will not be able to participate until the qualification process is complete.**

**PART 1:** List the names of **all family members** claimed on your tax return who are living in your home along with the School and Grade for only students attending Franklin Public Schools. If you are applying for a **foster child**, enter only the foster child’s information. A separate application is required for each foster child.

|  |  |  |
| --- | --- | --- |
| **Name of person completing the application:** | **Relationship to student(s):** | **Number of household members** |
| Last Name: | First Name: |  |  |

|  |  |
| --- | --- |
| **Family or Foster Child Information -** List the names of **all family members including person above (List yourself first)** | **Enter Student Information Here** |
| Last Name | First Name | Relationship to you | Franklin School Attending | 2024-2025 Grade |
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**PART 2** – **Foster Children** - If the child listed in Part 1 is the legal responsibility of a welfare agency or court, check this box.

 *Check that you have provided the required* *documentation in Part 4, and then complete Part 5.*

**PART 3** – **Homeless or Runaway Children** – If the child/children listed in Part 1 are Homeless or a Runaway, check this box, and then complete Part 5.

**PART 4** – If Parts 2 or 3 do not apply, you must file based upon your 2023 earnings and any child support, SSI, SNAP/TANF benefits or any other income sources that you are currently receiving. *Check off all that apply below and then complete Part 5.*

**YOUR APPLICATION WILL BE RETURNED IF DOCUMENTATION IS NOT PROVIDED. We cannot make a determination based on NO INCOME. Do not enter dollar information. The Business Office will make a determination based on all income sources listed on the documents you provide.**

|  |  |  |  |
| --- | --- | --- | --- |
| **REQUIRED DOCUMENTATION (AS APPLICABLE)** | **CHECK IF INCLUDED** | **CHECK IF****NOT****APPLICABLE** | **IF APPLICABLE, BUT DOCUMENTATION IS NOT****PROVIDED, STATE REASON***(attach explanation if necessary)* |
| 1. 2023 IRS Tax Return Transcript; call IRS at 1-800-908-9946 orvisit: <https://www.irs.gov/Individuals/Get-Transcript>OR signed copy of 2023 Federal Tax Return |  |  |  |
| 2. Alimony and Child Support Agreements |  |  |  |
| 3. Supplemental Security Income (SSI) Disability and/or Death Benefit letter documenting benefit(s) dated in 2023. |  |  |  |
| 4. Transitional Assistance Letter dated in 2023 or 2024 for SNAP (Food Stamps)or TANF Benefits; to request a recent copy call: 508-661-6600 |  |  |  |
| 5. Documentation for FOSTER Child (Foster children are handled as onehousehold & are not included as a member of the family in which theyare residing or in the household income of the custodial parent.) |  |  |  |
| 6. Non-custodial parent income is considered when one parent receivesthe tax deduction for the dependent and there is no record of childsupport. Provide all that are applicable as listed herein. |  |  |  |
| 7. Unearned income, gifts, donations, family support (e.g. rent freehousing, money, etc.) from outside of the domicile must be reported as financial support. |  |  |  |

**PART 5** – **An adult member must complete this section**.

*I certify (promise) that all information and documentation provided with this application is true and that all income sources have been listed. I understand that school* *officials may verify (check) the information provided and that if I purposely failed to provide all sources of income or have provided false information, my child(ren)* *may lose benefits.*

Print Name: \_\_\_\_\_\_ Sign Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: Daytime Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_ State Zip Code \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** **melottij@franklinps.net** **MAIL: FPS Business Office, 355 East Central Street, Suite 210, Franklin, MA 02038**