

**Lawrence Extended Day Program (LEDP)**  
**Application for Tuition Assistance**  
27 Francis St.  
Brookline MA 02446  
617- 879-4379  
Fax: (617) 879-4390  
<https://www.ledpbrookline.org>

Dear Parent or Guardian,

Enclosed you will find the application for tuition assistance for LEDP. Our goal is to help low or moderate income families or families in special circumstances by providing a fixed percentage of the monthly tuition to LEDP. LEDP does not discriminate against any child or family on the basis of race, color, sexual orientation, political beliefs, disability, parent(s)' marital status, religion, nationality, or cultural heritage.

LEDP is a nonprofit association separate from the Town of Brookline and Lawrence School. LEDP tuition assistance is funded primarily by LEDP tuition. While resources are limited, the LEDP Director and Parent Board are committed to providing support to all families who demonstrate need.

Eligibility for tuition assistance is determined each year by disclosure of the combined financial resources of the applicant family. Eligibility is determined, in part, through comparison of a family's resources with the Massachusetts State Median Income for the corresponding academic year. Additional considerations include, but are not limited to, custody arrangements, foster children, and serious illness. The awarded contribution is deducted monthly from the cost of tuition.

An application for the program can be found on page 2. The form can be printed, completed, and returned/faxed to the LEDP office. We understand the information requested is highly sensitive, and please be assured that all information disclosed will be secured and your privacy will be protected. A small subcommittee of LEDP's Parent Board will review the required materials and determine financial eligibility.

If you wish to submit an application, please complete page 2 and provide the necessary documentation outlined on page 2. Applications will not be reviewed unless complete, and additional information may be requested if necessary. If you have completed The Public Schools of Brookline Financial Assistance Application for the 2018-2019 school year, please attach the letter of Tuition Assistance Suitability you have received.

If you have any questions, please contact Mary Gardiner, Director of LEDP at [mary\\_gardiner@psbma.org](mailto:mary_gardiner@psbma.org) or 617-879-4379.

Thank you very much for your interest in LEDP.

**THIS APPLICATION IS DUE BACK: Wednesday, April 25, 2018**

**Lawrence Extended Day Program (LEDP) Tuition Assistance (TA) Application**

Please complete one application per household

**Child/Children's name:**

**Grade(s) in 2017-18 AY:**

**# Days Enrolled in LEDP:**

**Percentage assistance requested (up to 50% maximum):**

**If you ever received financial assistance for childcare, please list monthly amount and source:**

**Parent/Guardian #1**

**Parent/Guardian #2**

**Name:**

**Name:**

**Address:**

**Address:**

**Primary phone #:**

**Primary phone #:**

**Email:**

**Email:**

**Other members of household (please list all persons living in the child/children's home)**

<b>Name</b>	<b>Relationship to child/children</b>	<b>Age</b>	<b>Occupation</b>	<b>Name of Employer/School</b>

**Do you receive Brookline free/reduced meals? If so, please skip to signature on page 3**

**Income/Resources - Please list all sources of income per month for each parent/guardian**

**Parent Guardian #1**

**Parent Guardian #2**

**Gross Monthly Salary:**

**AFDC (Aid to Families with Dependent Children):**

**Other Government Aid:**

**Veterans Aid:**

**Social Security:**

**Unemployment Compensation:**

**Child Support:**

**Rental Income:**

**Other income (please specify):**

**Total Monthly Income:**

**Additional comments, clarifications, or extenuating circumstances that would be important in determining eligibility:**

The above information is, to the best of my knowledge, true and accurate. I understand that misinformation may result in my disqualification from this assistance program. If I am granted tuition assistance, I also agree to notify the LEDP Director of any improvement in my financial status that may occur over the course of the year.

---

<b>Parent Guardian #1 Signature</b>	<b>Date</b>	<b>Parent Guardian #2 Signature</b>	<b>Date</b>
-------------------------------------	-------------	-------------------------------------	-------------

To complete this application please submit 1 and 2, OR 3:

1. **A W2 or most recent federal tax return from Custodial Parents/Guardians #1 and #2, AND**
2. **Two consecutive paystubs from each parent/guardian**

**OR**

3. **Verification of qualification for Town of Brookline Tuition Assistance Suitability letter, if applicable**

**Incomplete applications for financial assistance will not be processed.**

**Eligibility guideline**

Tuition assistance eligibility will be determined, in part, by the guideline below.

Number of people in household	2-person family	3-person family	4-person family	5-person family	6-person family
	\$44,463	\$54,925	\$65,387	\$75,849	\$86,311

60% of Estimated Massachusetts State Median Income for Fiscal year 2017

Source: [https://liheapch.acf.hhs.gov/Tribes/Tables/povertytables/FY2017/masmi\\_tribal.htm](https://liheapch.acf.hhs.gov/Tribes/Tables/povertytables/FY2017/masmi_tribal.htm)

---

**LEDP use only**

Date application received:

Date application complete:

