



Financial Aid Application

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 via email to Wendy Branconier, WBranchonier@dedhamcommunityhouse.org

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

Please explain if # of working adults (or hours or income) 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: \$ _____

*****PLEASE PROVIDE AT LEAST TWO WEEKS/PAYROLLS OF PAYSTUBS AND YOUR MOST RECENT TAX RETURN*****

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: \$ _____