



SEEDS
706 GILBERT ST
DURHAM, NC 27701
(919) 683-1197
www.seedsnc.org

SEEDlings AFTER-SCHOOL FINANCIAL AID APPLICATION '09-'10

Please read carefully: The fee for the SEEDlings program is \$180 per child per school semester, which averages \$40 per month. If you are unable to pay this amount, your fee will be calculated on a sliding scale based on the information you provide on this financial aid application, which takes your family's size, income, and expenses into consideration. Please complete the entire application and attach photocopies of all necessary documents. Incomplete applications will not be accepted.

Confidentiality: SEEDS staff will keep all information strictly confidential, within the limits of the law.

Parent/Guardian & Financial Information: Please answer the following questions for each parent/guardian living in the household. Attach proof of each income source listed. **All household income information must be reported.** The information following is for persons living at:

Address: _____ City/State: _____ Zip: _____

Parent/Guardian 1:

Name: _____ Date of Birth: _____
Relationship to Child: _____ E-mail Address: _____
Phone (Home): _____ Phone (Cell): _____ Phone (Work): _____

If currently employed:

Name of Company/Employer: _____ Hours per week: _____
Name of Company/Employer: _____ Hours per week: _____

If attending school:

Name of School: _____ Enrollment: Full time Part time (# of hours: ___)

Parent/Guardian 2:

Name: _____ Date of Birth: _____
Relationship to Child: _____ E-mail Address: _____
Phone (Home): _____ Phone (Cell): _____ Phone (Work): _____

If currently employed:

Name of Company/Employer: _____ Hours per week: _____
Name of Company/Employer: _____ Hours per week: _____

If attending school:

Name of School: _____ Enrollment: Full time Part time (# of hours: ___)

To determine your fee, your entire household income is required. You must attach copies of the most current 1040 form and last 4 paycheck stubs or other approved documentation (social security, disability, etc.) for each wage-earner in the household, as well as indicate your household income level here. Currently, your entire household income is:

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$8,000 | <input type="checkbox"/> \$8,001-\$12,000 | <input type="checkbox"/> \$12,001-\$16,000 |
| <input type="checkbox"/> \$16,001-\$20,000 | <input type="checkbox"/> \$20,001-\$24,000 | <input type="checkbox"/> \$24,001-\$28,000 |
| <input type="checkbox"/> \$28,001-\$32,000 | <input type="checkbox"/> \$32,001-\$36,000 | <input type="checkbox"/> \$36,001-\$40,000 |
| <input type="checkbox"/> Over \$40,000 | | |

Do you currently receive financial assistance from any of the following sources?

- | | |
|--|--|
| <input type="checkbox"/> Food Stamps: \$ _____ per month | <input type="checkbox"/> Spousal/Child Support: \$ _____ per month |
| <input type="checkbox"/> Social Security: \$ _____ per month | <input type="checkbox"/> Unemployment: \$ _____ per month |
| <input type="checkbox"/> SSI: \$ _____ per month | <input type="checkbox"/> Other: \$ _____ per month |



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Household Information: Number of people living in household: _____
 Please list all dependents & persons residing in your household:

<i>Full Name</i>	<i>Date of Birth</i>	<i>Sex</i>	<i>Employer/School</i>	<i>Grade</i>
		M F		
		M F		
		M F		
		M F		
		M F		
		M F		
		M F		
		M F		
		M F		
		M F		

For which child(ren) are you requesting financial aid? _____

Who will be responsible for paying the program fees? _____

Are there special circumstances we should consider? _____

I confirm that the above information is true and I agree to inform SEEDS of any changes in my income or household information. I understand that false or incomplete information could jeopardize my financial assistance.

Parent/Guardian Signature _____ **Date** _____