



Prince William County

PUBLIC SCHOOLS

Providing A World-Class Education

2015-16 PWCS SACC Financial Assistance Application

Complete and return all documents to:

Email: pwcssacc@pwcs.edu

or FAX: 703.791.8601

Financial Assistance is on a first come first-served basis and limited funds are available. Therefore, you must be registered in a SACC program with AlphaBEST Education before PWCS may issue assistance.

___ Receiving PWCS free or reduced meal benefits – Include a copy of award letter

Please check and provide proof of all income sources that apply. All information will be verified.

___ Full-time and/or Part-time Employment – Include copies of last 2 pay stubs

___ Receive Child Support

___ Pay Child Support

___ SSA - Social Security Administration

___ Other Source of Income

Are you receiving childcare assistance from any other source? ___ No ___ Yes

If “yes”, please give the name and amount _____.

SACC Parent is responsible for _____ number of dependent children in your family.

Child(ren)’s Name(s) registered for SACC:

Name: _____ Age: ___ Grade: ___ Option: Before ___ After ___ Both ___

Name: _____ Age: ___ Grade: ___ Option: Before ___ After ___ Both ___

Name: _____ Age: ___ Grade: ___ Option: Before ___ After ___ Both ___

Name of School: _____

I/we acknowledge that all income information and income documents provided are accurate to the best of my knowledge.

Print Name: _____ Phone: _____ Email: _____

Signature: _____ Date: _____