



## 2015-16 PWCS SACC Financial Assistance Worksheet

Please complete this worksheet after registering for a SACC program with AlphaBEST and provide a copy of award letter for PWCS free or reduced meal plan.

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

- Full-time and/or Part-time Employment - last 2 pay stubs copies
- 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 registered for SACC:

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.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_