



Office of Children, Youth & Learning

Expanding your child's opportunities to learn and achieve.

1464 Diamond Hill Rd., Suite 2
Cumberland, Rhode Island 02864

We are dedicated to making our programs affordable to all. Please help us in this matter by only enrolling in programs you can and will be committed to attending.

Often the grants we receive to fund these programs require reporting that includes attendance. Poor attendance can affect our chances of receiving future funding.

Please take a moment to consider if you and your child(ren) will be able to make the commitment for the duration of the program for which you are enrolling before filling out the form below.

Thank you.

FINANCIAL AID FORM

Student Name: _____ Grade: _____

Address: _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Email: _____

Do you qualify for Free or Reduced Lunch? YES NO

If Yes, please submit a copy of your lunch confirmation.

If NO,

Gross (total) Household Income (from all sources including IRS W2Forms) _____

Number of adults age 18+ in household: _____ Number of Children: _____ Total: _____

The information on this form is strictly confidential and solely for use in determining student financial aid eligibility and program outreach.

I, _____, certify that the information provided above is accurate to the best of my knowledge and that I am committed to attending the program.

Signature

Date