

ZERVAS AFTER SCHOOL PROGRAM INC.

30 BEETHOVEN AVE.
WABAN, MA. 02468
TEL. 617-965-2655
EMAIL: Zervasasp@gmail.com

Scholarship Application

The Zervas After School Program, Inc. **requires a copy of the previous year's taxes and copies of your last two pay stubs** from both parents. No application can be processed without the required documents. On review of material Director will notify applicants.

Mother/Guardian

Father/Guardian

Name _____

Social Security # _____

Address _____

Home tel. _____

Work tel. _____

Occupation _____

Employer _____

Annual Income _____

Please check the line that applies

Own your home Rent Live with family Other

Marital status Single (Divorced, or Separated) Married

Children

Name	Age	Date of birth	Days of childcare needed
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____

**INCOME INFORMATION FOR ALL PARENTS/GUARDIANS
REQUIRED**

Number of Family Members Living in Household _____

Household Gross Income (2017) _____

Household Adjusted Income (2017) _____

Additional Income from Child Support/Spousal Support _____

Expected Income (2018) _____

*** Please send (required) in a copy of 2017 tax returns and two recent pay stubs. _____**

WORK STATUS OF ALL PARENTS/GUARDIANS

Check all that apply:

Mother/Guardian

Father/Guardian

Working full-time

Working part-time (list days and hours)

Full-time student (list name of school)

Part-time student (list school, days, and hours)

Seeking Employment

Parent has special circumstances:

Please Explain: _____

If you are a current student please provide:

* A copy of your student I.D. or letter from the registrar.

* A copy of tuition bill, and verify your enrollment.

If you are seeking employment:

* Copies of job applications

* Unemployment papers

* If you are employed: attach copies of your

last two paychecks

Income Affidavit

I give permission to the Zervas After School Program to verify employment or enrollment in school. I certify that I have provided all the accurate information. If I am found to have falsely presented my financial or working status, I agree to pay all unpaid balances. I certify under penalties of perjury that the information I have supplied on this application is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature

Date