

**CONCORD-CARLISLE REGIONAL SCHOOL DISTRICT  
ADULT & COMMUNITY EDUCATION**

500 Walden Street, Concord, MA 01742-2068  
978-318-1432 fax 978-369-7125 ace@concordps.org www.concordcarlisleace.org

**FINANICAL AID APPLICATION**

A generous grant from the **Concord-Carlisle Community Chest** provides financial aid for partial tuition assistance. Financial aid decisions are made solely on the basis of need and available funds.

Financial Aid Guidelines: Financial aid funded by Concord-Carlisle Community Chest may be provided to persons residing in Concord or Carlisle, persons attending school in Concord or Carlisle (other than as a result of the financial aid only), or persons who have an immediate family member who is employed in Concord or Carlisle. An immediate family member refers to a parent/guardian of a child for whom financial aid is requested. Exceptions to this policy may be addressed to the Community Chest.

**Participant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Parent/Guardian/Applicant Information (if the participant is a minor)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Requesting Financial Assistance for the following program:**

Course & code: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
Amount tuition assistance requested: \$ \_\_\_\_\_  
Will you need a payment plan to meet your portion of the tuition? \_\_\_\_\_  
If so, amount you can afford: \$ \_\_\_\_\_ weekly      monthly (please circle frequency)

**Family Information:** Please list all *immediate family members* in your household. Immediate family members include adults and their dependents. Please do not include grandparents, aunts, uncles, cousins, etc.

Name	Relationship	Age	Occupation
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

**Financial Information:**

Please list your total monthly household income, prior to deductions. Income sources listed should include wages of all working household members, welfare payments, pension, social security, child support, and other income.

Total monthly income: \_\_\_\_\_

Please describe the circumstances that support your request.

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Financial Assistance is determined without regard to race, sex, religion, cultural heritage, political beliefs, marital status or sexual preference of the applicant or participant. Assistance is granted seasonally based upon available funding. Decisions regarding assistance are made as applicants are received and processed.

Signature of Applicant/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

CONFIDENTIAL

Office use: Date received \_\_\_\_\_ Amount awarded \_\_\_\_\_