

Need Based Additional Financial Assistance Application

TOWN OF AMHERST



170 Chestnut St., Suite 1, Amherst, MA 01002
Tel: (413) 259-3065, Fax: (413) 259-2407, Email: www.lsse.org

The Town of Amherst provides annual fee subsidy assistance of 25% and 50% to assist qualified low income families with LSSE program fees. We realize in some situations, family circumstances may warrant additional assistance to alleviate an economic hardship.

If you would like LSSE to consider additional financial support, *please describe your circumstances, need, and attach income verification such as a completed IRS 1040 form or paystub(s)*. LSSE also welcomes request letters from social service agencies familiar with your family's situation.

Additional support will be available on a first come, first serve basis and as funds allow. **The additional need reduction will affect registrations going forward and cannot be used to adjust previous registrations.**

Date: _____ Program: _____

Request for Additional Financial Assistance:

If you need additional space, please attach comments or use the back of this form.

Signature of parent/guardian/school official or social service representative: _____

Parent/Guardian's Name (please print): _____

Address: _____

Tel: _____ Cell: _____ Email: _____