

**RUFFIN RIDLEY EXTENDED DAY PROGRAM**  
**345 Harvard Street**  
**BROOKLINE, MA 02446**  
**(617) 879-4414**

Dear Applicant,

Below you will find the application for tuition assistance for the Ruffin Ridley Extended Day Program (RREDP). Our goal is to assist low or moderate income families or families in special circumstances. RREDP does not discriminate against any child on the basis of race, color, sexual orientation, political beliefs, disability, marital status, religious, national or cultural heritage.

Tuition assistance offered by RREDP draws on the combined resources of the family and our budget for tuition assistance funding. We are funded primarily through tuition, making funding for tuition assistance limited.

It is the policy of the Ruffin Ridley Extended Day Program to limit assistance to a maximum of 50% of total tuition cost unless there is a compelling need for additional support. Eligibility for tuition assistance is determined by financial need that is set forth by the State Median Income Guidelines included in this packet.

If you wish to submit a Tuition Assistance Application at this time, please review all materials, complete the full application and return all necessary paperwork by

Ruffin Ridley Extended Day Program  
c/o Cathy Nowacki  
PO Box 470688  
Brookline Village, MA 02447

If you have questions about tuition assistance, please contact our [Executive Director](#) via email or call the office at 617-879-4414.

Thank you,

Cathy Nowacki  
Executive Director

# Ruffin Ridley Extended Day Program Tuition Assistance Application

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_ # Days Enrolled in Ext Day \_\_\_\_\_

Name: Parent/Guardian #1 \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: Parent/Guardian #2 \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Household Member	Relationship to Child	Age	Occupation	Name of Employer of School

(Please include all persons living in the household)

Please list all sources of gross income per month for each parent/guardian

	Parent/Guardian #1	Parent/Guardian #2
Gross Monthly Salary:	_____	_____
AFDC:	_____	_____
Other Government Aid:	_____	_____
Social Security:	_____	_____
Unemployment Compensation:	_____	_____
Child Support:	_____	_____
Rental Income:	_____	_____
Other Income (please specify):	_____	_____
 Total Monthly Gross Income:	 _____	 _____
 <b>Total Combined Income:</b>	 _____	 _____

Comments/Clarifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any special or unusual circumstances not reflected in the figures that would be important in determining your eligibility? \_\_\_\_\_

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What percentage reduction in tuition are you requesting? \_\_\_\_\_  
Have you applied for or are receiving financial assistance for childcare? \_\_\_\_\_  
If yes, list monthly amount and source: \_\_\_\_\_

The above information is, to the best of my knowledge, true and accurate. I understand that misinformation may result in my disqualification from this assistance program. I also agree to notify the Executive Director of any improvement in my financial status over the course of the year, if I am granted assistance.

\_\_\_\_\_  
Parent/Guardian #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian #2 Signature

\_\_\_\_\_  
Date

**To complete the application please submit:**

1. Most recent federal tax return  
and
2. Two consecutive paystubs from each parent /guardian.

**\*\*\*\* Incomplete applications for financial assistance will not be processed \*\*\*\***

## Massachusetts State Median Income for FFY 2024

Estimated state median income for a 4-person family	60 Percent of Estimated State Median Income*					
	1-Person Family	2-Person Family	3-Person Family	4-Person Family	5-Person Family	6-Person Family
\$145,491	\$45,392	\$59,359	\$73,326	\$87,294	\$101,261	\$115,228