

The P.A.L. Program



Financial Assistance Program Application 2026-2027 School Year

For questions or concerns please contact:

Laura Gilchrest
Co-Director
lauragilchrest.pal@gmail.com

PAL Program
PO Box 148
York, ME 03909

Financial Assistance Program Guidelines

Financial assistance depends upon the amount of funding we receive from donors and fundraising events. Therefore, depending upon the funds PAL receives, assistance may not always be available. Due to the increase in demand for families needing assistance, PAL will work with you to the best of our ability and there is no guarantee that assistance will be available.

We reserve the right to terminate financial assistance, and a two-week notice will be given. Families receiving financial assistance must keep their accounts in good standing or risk losing funding.

You will be required to pay full price until the application is processed and approved. Upon receipt of your completed application, any discounts received will be based on your income and expenses. Your discount will start on the date your application is approved.

Policies and Procedures

FUNDRAISING

Being approved for financial assistance does not waive your responsibility to contribute to our fundraising efforts. We design our fundraisers specifically to have little to no financial impact on our P.A.L. families. The yearly per family fundraising amount is not subject to your financial assistance discount; you must either raise \$200.00 per school year or will need to pay it out of pocket.

LATE FEES / NO CALL FEES / NON-SUFFICIENT FUNDS FEES

Late fees, no call fees, and Non-Sufficient Funds Fees are not subject to financial assistance. If you accrue any of these fees, they will be billed to you at their full rate.

TIMELY PAYMENTS

Weekly tuition payments will be **automatically** charged to your card on file for the following week. If your payment is rejected due to your card being compromised, being over the limit, or if the card expiration date passes, you are responsible to update your account prior to the withdrawal of next week's funds - otherwise your service for the next week is suspended until your account is updated by sending in another Tuition Express Form (showing the updates). Parents/Guardians will be responsible for the \$45 Non-Sufficient Funds fee. If a NSF fee happens more than 3 times, families will lose financial assistance.

If we have made several attempts to contact you regarding your account and have had no response, you will lose your financial assistance and your spot in the program. If you are having trouble making payments as scheduled, please speak with Laura, a 10-minute conversation can make all the difference! We are willing to work with you, but you need to let us know.

SPECIAL EVENTS

Special events, classes and any other events at P.A.L. where a fee, separate from tuition, is charged are not subject to financial assistance discounts. Accounts must be in good standing (no outstanding balances) to participate in special events that have additional fees.

CONSENT

To receive funds from outside sources we are often asked to provide basic information with these organizations, such as names of yourself, your spouse (if any) and your children, house hold size, also the ages and grade of the children using our program. You do not have to give consent for us to share this information, however not giving consent will affect the amount of funding you receive.

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Documents Needed

To complete the application, we will require information concerning your income.

Please submit the following documents to show proof of income for all parents/guardians who share the financial responsibility for the child/children:

- **PROOF OF INCOME – which may be:**

- o Two current pay stubs showing a year-to-date total for 2026/2027
- o Copy of current Social Security benefit statement, if applicable
- o Copies of workers compensation benefits
- o Copy of unemployment check or benefit statement
- o Copies of child support payments received

- **IF SELF EMPLOYED** - Most recent Income Tax Return and a recent Profit and Loss statement

You will be required to update your household financial income every 5 months

Please call if you have questions as to what is needed for proof of income. Your application will not be processed until the requested information has been received.

If you believe you may qualify for P.A.L.'s Financial Assistance Program, please fill out the attached application and scan/email it to Laura, or you can mail it to:

**P.A.L. Program
Laura Gilchrest
PO Box 148
York, ME 03909**

Please note that items in this application are subject to change at any time.

Community Resources

MaineCare: Provides health programs and food stamps. Call 1-800-482-0790 or visit the State of Maine website at <http://maine.gov/dhhs/OIAS/public-assistance/index.html>

211: Dial 211 or go to www.211maine.org to connect to resources in your area.

York Community Action: Provides information and referrals for advocates and emergency assistance for shelter, utilities, heat or food. Call 207-439-2699, <https://www.yccac.org/>

York Community Service Association: Help for people who live in York with emergency situations/needs such as rent, medication, heat, food, etc. Please call 207-363-5504, <http://ycsame.org>

York Hospital Financial Assistance Program: Offers assistance to residents of Maine. Call 207-351-2398, or visit their website at: <http://www.yorkhospital.com/programs/financial-assistance-program.aspx>

Application for P.A.L. Program Financial Assistance

School year 2026-2027

All fields are required

1. Applicant _____

2. SS# _____ Telephone _____ Email _____

3. Address _____

4. Please list **all members** of your household including yourself:

Name / Relationship to applicant / DOB

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

5. Expenses

Please list ALL of your monthly and annual expenses below:

MONTHLY:

\$ AMOUNT	Type of expense	\$ AMOUNT	Type of expense	\$ AMOUNT	Type of expense

ANNUAL:

\$ AMOUNT	Type of expense	\$ AMOUNT	Type of expense	\$ AMOUNT	Type of expense

6. Sources of Income

Please mark below with a dollar amount in the space provided if you receive any of the following assistance:

Taniff _____	Food Stamps _____	Medicaid _____	WIC _____	SSI _____
SSDI _____	Sec. 8 Housing _____	Unemployment _____	Rental Income _____	
Pension _____	Workers Compensation _____	Interest Income _____		

•Gross monthly salaries before taxes \$ _____ •Monthly Child Support Received \$ _____
•Other \$ _____ •Total Monthly Income \$ _____

If your income is too high to receive PAL support - yet you have circumstances that make it difficult to afford child care, please explain here:



**Your signature below is verification that all information
in this application is complete and factual.**

I have read the policies and procedures listed in the Financial Assistance Packet and agree to comply with those policies to receive financial support. Those policies include **fundraising, additional fees, timely payments, and special events.**

Please initial: _____

I agree and consent to allow the PAL Program to release basic information about myself, my spouse (if any) and my children, as well as my family's financial information to local community organizations for the purpose of receiving funds for tuition support.

Please initial: _____

I understand financial assistance depends upon the amount of funding the PAL program receives from donors and fundraising events. Therefore, assistance may not be available to me.

Please initial: _____

Applicant's Signature: _____ Date: _____

Applicant's Name Printed: _____

Applicant's Signature: _____ Date: _____

Applicant's Name Printed: _____

***Your application will be deemed incomplete if the documentation above is not provided
and attached to the application when submitted.***

Your application and documentation will be kept confidential.

***Please provide as much information regarding your situation as possible so that a complete portrayal of your
circumstance is clearly understood. It is recognized that this process is difficult, personal and sensitive
however, the information is essential for a decision to be determined.***

***This Department pledges to provide you with the utmost respect, dignity and sensitivity
while doing our best to assist you through this process. Thank you!***

For P.A.L. Staff ONLY:

Date Received: _____ Date Accepted: _____

Notes: