



# Financial Assistance Application

All questions must be answered for consideration.

This application is for one (1) term: Circle: \$30 School Year / \$30 Weekly Summer

Name: Parent/Guardian \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Household Monthly Income

*\*Last two pay stubs + most recent tax return must be provided for consideration*

Sources of Income: \_\_\_\_\_

- List other sources of Income: spousal support, child support, TANS, SSI

## Child/Children needing Assistance:

\_\_\_\_\_ DOB: \_\_\_\_\_ School Grade \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ School Grade \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ School Grade \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ School Grade \_\_\_\_\_

• Total number of people living in household: \_\_\_\_\_

• Number children under 18 living in household: \_\_\_\_\_

• Amount of payment your budget allows per term: \$ \_\_\_\_\_

*I, the undersigned, do hereby affirm that everything above is true and factual.*

\_\_\_\_\_  
(Name) (Date)

The Boys & Girls Club of Greater Lowell appreciates you, and will do all that we can do to assist you in allowing your children to participate in our programs.

***\*Please note that for tax purposes the Boys & Girls Club does NOT qualify as day care.\****

### FOR STAFF USE ONLY:

Approved: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per term

Comments: \_\_\_\_\_