



**BOYS & GIRLS CLUB**  
of Greater Lowell

## 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 \_\_\_\_\_

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- Total number of people living in household: \_\_\_\_\_
- Number children under 18 living in household: \_\_\_\_\_
- Amount of payment your budget allow 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: \_\_\_\_\_