



# BOYS & GIRLS CLUB

## OF GREATER WESTFIELD, INC.

28 West Silver Street  
 P.O. Box 128  
 Westfield, MA 01086  
 (413) 562-2301

### FINANCIAL ASSISTANCE APPLICATION

PROGRAM: \_\_\_\_\_ CHILD'S NAME: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ TOTAL HOUSEHOLD MEMBERS \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ SPOUSE'S EMPLOYER \_\_\_\_\_

TOTAL AMOUNT OF FAMILY **GROSS** MONTHLY INCOME: \_\_\_\_\_

OTHER SOURCES OF FUNDS: \_\_\_\_\_

SOURCE OF REFERRAL: \_\_\_\_\_

OTHER CIRCUMSTANCES TO BE CONSIDERED: \_\_\_\_\_

I am requesting assistance for my son/daughter \_\_\_\_\_  
 and I Understand that the above information is kept confidential.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF APPROVAL

\_\_\_\_\_  
 DATE

<u>ANNUAL/CAMP</u>	<u>K KLUB AFTER SCHL</u>	<u>K KLUB 1 DAY OFF</u>	<u>K KLUB VACA</u>
COST	_____	_____	_____
PD BY FAMILY	_____	_____	_____
SUBSIDIZED	_____	_____	_____
BUS RATE	_____	_____	_____