



Boys & Girls Club of Woburn
Charles Gardner Lane
Woburn, MA 01801

(781) 935-3777
bgcwoburn@comcast.net
www.bgcwoburn.org

For Office Use Only	v1 3/20
Date Received	_____
Approved	_____
Co Pay Rate	_____

Summer Camp Financial Aid Application

Please PRINT all information and answer all questions.

This information is essential to assist in better serving your child. All information is confidential.

Financial Assistance is limited. Please provide all requested information.

If you have any questions or need any assistance in filling out this form, please contact the Club at 781-935-3777.

Financial aid is provided on a first come, first served basis.

Parent/Guardian #1

Name _____

Address _____

Street City/Town State Zip Code

Home Phone _____ Cell Phone _____

E-Mail _____

Employment _____ Full Time Employed _____ Self Employed _____ Part Time Employed
_____ Unemployed (Please provide documentation.)

Employer

Name _____

Address _____

Street City/Town State Zip Code

Phone _____ Your Position _____

Pay _____ Salary _____ Hourly _____ Annual Income _____

If there are additional employers, please attach the information to this application.

Parent/Guardian #2

Name _____

Address _____

Street City/Town State Zip Code

Home Phone _____ Cell Phone _____

E-Mail _____

Employment _____ Full Time Employed _____ Self Employed _____ Part Time Employed
_____ Unemployed (Please provide documentation.)

Employer

Name _____

Address _____

Street City/Town State Zip Code

Phone _____ Your Position _____

Pay _____ Salary _____ Hourly _____ Annual Income _____

If there are additional employers, please attach the information to this application.

Please turn over and complete the other side of this application.

