



BOYS & GIRLS CLUB  
OF WOBURN

Greatness has a voice.

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

(781) 935-3777  
info@bgcwoburn.org  
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.**

Please identify any and all sources of additional income & support (ex. child support, AFDC, TANF, alimony...):

**Parent/Guardian #1**

Description: \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description: \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description: \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description: \_\_\_\_\_ Monthly Amount \_\_\_\_\_

**Parent/Guardian #2**

Description: \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description: \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description: \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description: \_\_\_\_\_ Monthly Amount \_\_\_\_\_

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Name(s) of Campers	Date of Birth	Grade in 9/11	Current Club member?
_____	_____	_____	____ Yes ____ No
_____	_____	_____	____ Yes ____ No
_____	_____	_____	____ Yes ____ No
_____	_____	_____	____ Yes ____ No
_____	_____	_____	____ Yes ____ No

For how many weeks of camp are you seeking assistance? \_\_\_\_\_

Child(ren) lives with (please check all that apply):

\_\_\_\_ Parents                      \_\_\_\_ Guardians                      \_\_\_\_ Aunt/Uncle  
\_\_\_\_ Parent (Mother)                      \_\_\_\_ Foster Parent(s)                      \_\_\_\_ Step-parent  
\_\_\_\_ Parent (Father)                      \_\_\_\_ Grandparent(s)                      \_\_\_\_ Other: \_\_\_\_\_

Member has \_\_\_\_ Sister(s) & \_\_\_\_ Brother(s). \_\_\_\_ People live in member's house.

**Please attach two (2) recent pay stubs and a copy of the most recent W-2 form(s) for each parent/guardian.**

- I certify that the information on this application is complete and accurate.
- If the information contained in this application changes (ex. income, employment status...) before or during my child's time in summer camp, I promise to notify the Club no later than 10 days after the change.
- I understand that providing false, incomplete or misleading information may result in:
  - the loss of financial assistance.
  - making me ineligible for receiving future assistance.
  - having to repay the Boys & Girls Club of Woburn for any financial aid provided.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

NOTE: If there are compelling circumstances or important information that you wish to share which would help give us a more accurate and complete picture of your financial situation, please feel free to attach a letter.