BOYS & GIRLS CLUB
Of Greater Westfield

28 WEST SILVER STREET
P.O. BOX 128
WESTFIELD, MA 01086
(413) 562-2301

FINANCIAL ASSISTANCE APPLICATION

PROGRAM _____ CHILD'S NAME _____

PARENT'S NAME _____ APPLICATION DATE _____

ADDRESS _____ CITY _____

PHONE: HOME _____ WORK _____ TOTAL HOUSEHOLD MEMBERS _____

EMPLOYER _____ SPOUSE'S EMPLOYER _____

TOTAL AMOUNT OF FAMILY **GROSS** MONTHLY INCOME: _____
(Verification of Household income for 1 month or 4 weeks must be provided)

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

	BUS	K KLUB REG WEEK	K KLUB 1 DAYOFF	K KLUB VACA
COST	_____	_____	_____	_____
PD BY FAMILY	_____	_____	_____	_____
SUBSIDIZED	_____	_____	_____	_____

BUS RATE _____