

# GREAT FUTURES START HERE.



**BOYS & GIRLS CLUB**  
OF GREATER SALEM

## REQUEST FOR FINANCIAL ASSISTANCE

Preschool, Athletics/Aquatics, Transportation, etc.

### Applicant Information

Parent/Guardian Name:

Date of Birth:

SSN:

Phone: ( )

Current Address:

City:

State:

ZIP:

E-mail address:

☐ Own

☐ Rent

Monthly payment or rent: \$

How long?

Previous Address:

City:

State:

ZIP:

☐ Owned

☐ Rented

Monthly payment or rent: \$

How long?

Relationship to child: (mother, father, guardian...)

Child lives with: ☐ Mother & Father ☐ Mother ☐ Father ☐ Other:

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Unmarried

Custodial Status of child(ren): Please check all that apply

☐ Sole Physical Custody – Mother

☐ Sole Legal Custody - Mother

☐ Sole Physical Custody – Father

☐ Sole Legal Custody – Father

☐ Joint Physical Custody

☐ Joint Legal Custody

☐ Guardian/Person acting as Parent

☐ Other: \_\_\_\_\_

Child Support: ☐ Yes ☐ NO

Support from State?: ☐ Yes ☐ No ☐ NH ☐ MA

**\*If YES; Documentation needed**

**\*If YES; Documentation needed**

Amount of Monthly Support: \$

Amount from State: \$

### Employment Information - Parent #1

Current Employer:

Employer Address:

How long?

City:

State:

Zip:

Phone: ( )

FAX: ( )

E-Mail:

Position:

☐ Hourly

☐ Salary

Annual Income: \$

**If unemployed, reason for unemployment:**

### Employment Information - Parent #2

Current Employer:

Employer Address:

How long?

City:

State:

Zip:

Phone: ( )

FAX:

E-Mail:

Position:

☐ Hourly

☐ Salary

Annual Income: \$

**If unemployed, reason for unemployment:**

### Verification of Information

Name of relative not residing with you:

Phone: ( )

Other Loans, Debts or Obligations			
Description:	Amount per month: \$		
Description:	Amount per month: \$		
Description:	Amount per month: \$		
Description:	Amount per month: \$		
Other Sources of Income			
Income Source:	Amount per month: \$		
Income Source:	Amount per month: \$		
Income Source:	Amount per month: \$		
Names of All Children			
Child's Name(s)	Date of Birth:	Grade Level	Club Member?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>* mandatory field</b></p> <p><b>How much can you afford to pay per MONTH?</b></p>			

**What is the best way to contact you with information regarding your request?**  
**\_\_\_ Email \_\_\_ Telephone**

**Please attach your most recent Tax Form 1040 and two (2) recent pay stubs** for each parent or guardian responsible for child or children.

- Requests will not be processed unless all information is submitted.
- **The Boys & Girls Club of Greater Salem will not pursue applicants who have not filled out the form completely or have not submitted all requested documents.**
- All information provided will be kept confidential.
- Requests for financial aid are handled on a first come, first served basis.
- **Families receiving financial assistance may be required to help assist the Club in fundraising events.**

I declare under penalty of perjury that the information provided herein contained is true and correct to the best of my knowledge. I also have read and understand the requirements and eligibility guidelines pertaining to my request for Financial Assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### STAFF USE ONLY

Date received \_\_\_\_\_ Received by \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reviewed by \_\_\_\_\_

If APPROVED:

Monthly Rate per child: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

Family contacted via: Email \_\_\_\_\_ Telephone \_\_\_\_\_ Other \_\_\_\_\_

Date contacted \_\_\_\_\_ Contacted by \_\_\_\_\_