

# GREAT FUTURES START HERE.



**BOYS & GIRLS CLUB  
OF WEST SPRINGFIELD**

## Financial Assistance Application

➤ Child(ren): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Age of Child(ren): \_\_\_\_\_

Number of years your child has (children have) attended the Boys and Girls Club: \_\_\_\_\_

How many children and adults in the home? \_\_\_\_\_

➤ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

How long have you worked at this location: \_\_\_\_\_

➤ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

How long have you worked at this location: \_\_\_\_\_

### **DOCUMENTATION CHECKLIST - - You MUST provide all applicable documentation of income.**

- Most recent Income Tax Return
- Most Recent Pay Stubs (4 weeks)
- SSI Award Letter

- Disability
- Food Stamps
- Child Support

- Allmony
- Social Security
- DTA Transitional Stipends

- Other

**Financial Assistance Application Policies:**

1. The financial assistance application is used to apply for financial assistance for the programs at The Boys & Girls Club of West Springfield.
2. Financial assistance applications must be completed entirely and may be supplied at any time.
3. All supporting documentation must be submitted along with the application. Any missing information will delay the application process.
4. Applying for financial aid does not guarantee that you will qualify for aid.
5. It is the mission of the Boys & Girls Club of West Springfield to supply services to those families who need us most. If you should need financial assistance, the Club encourages you to apply for financial aid. Financial aid forms can be found on our website at <http://www.wsbgclub.org>, as well as in our Membership office.
6. The necessary documents needed to apply should be provided to the Membership staff. The list of documents include: your latest tax return, four weeks' worth of your most recent pay stubs, social security, disability, food stamps, child support, alimony, and any other form of assistance. Financial aid is calculated by a scale that is provided on a case-by-case basis and is subject to financial aid funding.
7. If you receive a financial aid rate for your child, that installment rate is a fixed rate. If your child does not attend program due to an illness or for another reason, there will be no refund or credit placed on the account for the missing day(s). Any weeks that are shortened due to a holiday closing will be charged at a full week's rate. Additionally, since a financial aid rate is being provided to your child, they will not be eligible for additional discounts.

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***Parent/Guardian Signature***

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***Date***

**INCOME DOCUMENTATION - - LIST BELOW ALL CURRENT HOUSEHOLD INCOME SOURCES AND AMOUNTS BEFORE DEDUCTIONS. THE AMOUNTS LISTED SHOULD REFLECT WHAT IS BROUGHT IN PER MONTH. \*\*THE BOYS & GIRLS CLUB OF WEST SPRINGFIELD RESERVES THE RIGHT TO VERIFY THIS INFORMATION.**

Source of Income	Self	Spouse/Partner or Parent/Guardian	All Others living in your household contributing income
Earnings from Employment	\$	\$	\$
Alimony	\$	\$	\$
Child Support	\$	\$	\$
DTA Transitional Stipends	\$	\$	\$
Food Stamps	\$	\$	\$
Inheritance/Trusts/Estates	\$	\$	\$
Rental Income	\$	\$	\$
Social Security/Disability	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Veteran's Benefits (retirement, disability)	\$	\$	\$
Worker's Compensation	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

**EXTRAORDINARY EXPENSES -- LIST ANY EXTRAORDINARY OR UNUSUAL EXPENSES FOR YOUR HOUSEHOLD. EXAMPLES OF ACCEPTABLE EXTRAORDINARY EXPENSES ARE: STUDENT LOAN PAYMENTS, OUT OF POCKET MEDICAL EXPENSES, SCHOOL TUITION AND BOOK EXPENSES THAT ARE NOT COVERED BY FINANCIAL ASSISTANCE. PLEASE PROVIDE US WITH A COPY OF A BILL OR INVOICE THAT STATES SUCH EXPENSES.**

**\*\*ITEMS NOT ACCEPTED FOR EXTRAORDINARY EXPENSES ARE FOR EXAMPLE: RENT, CELL PHONE, REGULAR MONTHLY BILLS, ETC.**

Type of Expense	Amount Paid <i>per Month</i>
1.	\$
2.	\$
3.	\$

Please give a brief description of why you are applying for assistance:

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*Assistance will not be considered without the above information. The information I have supplied is accurate to the best of my knowledge. I understand that assistance is limited and the information provided is confidential. I understand that all the information I have provided will be considered by the Boys & Girls Club of West Springfield and assistance will be awarded upon family need.*

TOWN OF WEST SPRINGFIELD  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
SELF-DECLARATION FORM & APPLICATION

*All Information is Confidential*

NAME: \_\_\_\_\_ CHILDREN'S NAME(S) / AGE(S) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ AGE \_\_\_\_\_  
 PHONE: \_\_\_\_\_ AGE \_\_\_\_\_

**INSTRUCTIONS:** Find the line that matches the number of persons in your family (include yourself). Check the box next to household income category that applies to your family.

**HOUSEHOLD SIZE**

**HOUSEHOLD INCOME**

	LESS THAN	BETWEEN	BETWEEN	MORE THAN
1 PERSON	\$18,650 ( )	\$18,651 and \$31,050 ( )	\$31,051 and \$49,700 ( )	\$49,701 ( )
2 PERSONS	\$21,300 ( )	\$21,301 and \$35,500 ( )	\$35,501 and \$56,800 ( )	\$56,801 ( )
3 PERSONS	\$23,950 ( )	\$23,951 and \$39,950 ( )	\$39,951 and \$63,900 ( )	\$63,901 ( )
4 PERSONS	\$26,600 ( )	\$26,601 and \$44,350 ( )	\$44,351 and \$70,950 ( )	\$70,951 ( )
5 PERSONS	\$30,170 ( )	\$30,171 and \$47,900 ( )	\$47,901 and \$76,650 ( )	\$76,651 ( )
6 PERSONS	\$34,590 ( )	\$34,591 and \$51,450 ( )	\$51,451 and \$82,350 ( )	\$82,351 ( )
7 PERSONS	\$39,010 ( )	\$39,011 and \$55,000 ( )	\$55,001 and \$88,000 ( )	\$88,001 ( )
8 PERSONS	\$43,430 ( )	\$43,431 and \$58,550 ( )	\$58,551 and \$93,700 ( )	\$93,701 ( )

I certify that the information contained herein is true, complete and correct to the best of my knowledge and belief.

Signature (s): \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** The above information is subject to verification by the West Springfield Office of Community Development and by Federal Officials.

**Optional:** Providing the following information is NOT required but it is needed for statistical purposes for the state agency which gave us the funding for this program. Please check the appropriate items below:

Check one: Male \_\_\_ Female \_\_\_  
 If female, are you a head of household? YES \_\_\_ NO \_\_\_  
 Are you 60 or more years of age? YES \_\_\_ NO \_\_\_  
 Do you have a disability: YES \_\_\_ NO \_\_\_  
 Do you consider yourself Hispanic: YES \_\_\_ NO \_\_\_

Check one of the following with which you most closely identify:

*If you checked 'yes' to "do you consider yourself Hispanic," please also choose one of the following, which you most closely identify with.*

- White \_\_\_\_\_
- Black/African American \_\_\_\_\_
- Asian \_\_\_\_\_
- American Indian/Alaskan Native \_\_\_\_\_
- Native Hawaiian/Other Pacific Islander \_\_\_\_\_
- American Indian/Alaskan Native and White \_\_\_\_\_
- Asian and White \_\_\_\_\_
- Black/African American and White \_\_\_\_\_
- American Indian/Alaskan Native and Black/African American \_\_\_\_\_
- Other (Multi-Racial) \_\_\_\_\_