



of Greater Lowell

GIRLS INC. OF GREATER LOWELL

Financial Assistance Application

Applicant Name _____ **Date** _____ **Membership #** _____
Address _____ **City** _____ **State** _____ **Zip Code** _____
Date of Birth _____ **E-mail** _____
Phone: Day _____ **Evening** _____ **Cell** _____
Employer's Name & Address _____
Spouse's Name _____ **Date of Birth** _____
Spouse's Employer's Name & Address _____
Number of Dependent Children _____
Name _____ **Date of Birth** ___/___/___ **Name** _____ **D.O.B.** ___/___/___
Name _____ **Date of Birth** ___/___/___ **Name** _____ **D.O.B.** ___/___/___
Name _____ **Date of Birth** ___/___/___ **Name** _____ **D.O.B.** ___/___/___

Financial Assistance Requested For _____ After School Program _____ Summer Program _____ School Release Days

Do you have a disability? _____ Yes _____ No **Nature of Disability (optional)** _____

Your Gross Annual Salary \$ _____ **Spouse's Gross Annual Salary \$** _____

Child Support \$ _____ **Other Income (source & amount)** _____

Housing: _____ Own _____ Rent **Monthly Mortgage/Rent \$** _____

Do you receive a housing subsidy? _____ Yes _____ No **Amount per month \$** _____

List any special circumstances that affect your reason for need: _____

To qualify for financial assistance, submit the following documents within 2 weeks of application:

- Most recent year's tax return
- Four current paycheck stubs or proof of your current combined total salaries
- Proof of other income i.e., child support, social security benefits, etc.

The information listed on this form is correct to the best of my knowledge. I understand if I do not provide the required documentation within 2 weeks, my membership rate will revert to the full fee. I understand that I must re-apply for financial assistance every 12 months from the date of this application. If I do not re-apply for financial assistance, my fees will revert to the full-published rate.

Applicant Signature _____ **Date** _____

| FOR OFFICE USE ONLY | |
|---|----------------------------------|
| After School Program / Summer Program / School Release Days | |
| Subsidy _____ % | |
| Begin Date _____ | Review Date _____ |
| <input type="checkbox"/> Called | <input type="checkbox"/> Mailed |
| <input type="checkbox"/> E-mailed Confirmation | Date Entered in Quickbooks _____ |
| Approved By: _____ | Date _____ |

