



JAMES L. McKEOWN
BOYS & GIRLS CLUB
OF WOBURN

James L. McKeown
 Boys & Girls Club of Woburn
 Charles Gardner Lane
 Woburn, MA 01801

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

For Office Use Only

Date Received _____
 Full Application attached? YES NO
 Deposit Amt. Paid _____
 Approval/Denial _____

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 kept confidential.

Application Deadline is Friday, April 17, 2020.

No applications will be considered after this date.

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.
 All decisions will be postmarked by May 1, 2020.

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 _____

Parent/Guardian #2 (if applicable)

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

Parent/Guardian #1

Description: _____ Monthly Amount _____
 Description: _____ Monthly Amount _____
 Description: _____ Monthly Amount _____

Parent/Guardian #2

Description: _____ Monthly Amount _____
 Description: _____ Monthly Amount _____
 Description: _____ Monthly Amount _____

Name(s) of Camper(s)	Date of Birth	Entering Grade	Current Club member?	
			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 2019 W-2 form(s) for each parent/guardian. Application will not be considered without all forms.

- 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 James L. McKeown Boys & Girls Club for any financial aid provided.

 Parent/Guardian Signature

 Date

**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.*

***In order to apply for financial aid, a family MUST also complete a full registration packet and pay the \$25 registration fee and \$30/week deposit. Financial aid applications will NOT be considered without the payment or the full application packet.**