

Of Lowe	School Year				
				1/2/Full Day _	
				Vacation Wk _	
Application for A	Transportation _				
If form is incomplete, or if requ	<u>Summer</u>				
Parent or Guardian Data	Registration				
		Field Trip			
Name(s)	Weekly				
Address:		_ City:			
State:Zip Co	de:	_ Telephone: _			
Residents in household:					
Name	Relationship to Applicant:	Age	Occupation	Will Attend Clu	b (√)
·					
2					
3					
· !					
i					
j					
What programs are you in	iterested in?				
December Vacation	February Vacation	A	April Vacation _		
Transportation	Summer Program _	(requests	must be made a	fter April 1)	
Are there any services you o	can provide to the Club in ret	urn for assistar	nce?		

How much can you pay?		
Vacation Weekly		
Transportation Monthly		
Summer Weekly		

Must be filled out!

Membership \_

## **DEBT** Do you own or rent? Own \_\_\_\_\_ Rent\_\_\_ Monthly Payment\_\_\_\_\_ (Credit Cards, Loans, etc.) **Monthly Payment Company Balance** Assets/ Bank Accounts (Include Money Market Accounts, Certificates of Deposits, Checking and Savings Accounts) Name of Bank/Credit Union **Type of Account** Account # **Balance Employment Parent 2 Employment Parent 1** Parent Name Name of Employer **Employer Address Employer Phone Employment Income** Overtime **Bonuses** Child Support Commissions Rental Income Alimony Unemployment **Social Security AFDC** Veterans Benefits

Retirement/pension

**TOTAL INCOME** 

Other

Worker Compensation \_\_\_\_\_

## **Assets**

Indic	ate below assets owned by parent or gu	ardian	
		YES	NO
1.	Does anyone in the household own real estate, a boat and/or a mobile home?		
2.	Has anyone in the household sold a home in the last two years?		
3.	Does anyone in the household own stocks bonds, or investment portfolio?		
4.	Does anyone in the household receive financial assistance for bills (such as fuel assistance or electric)		
If you	answered YES to any of the questions above,	explain and lis	t value:
CER	TIFICATION BY APPLICANTS		
and be	oplicant certifies that all information contained lief. That all information in this application at for the purpose of obtaining financial assistant. Willful misrepresentation of the information	nd all informati ce from the Bo	on furnished in support of this application is ys and Girls Club of Lower Merrimack
Date_	Applicant Signature_		

## **DOCUMENTATION CHECKLIST**

INCOME FROM EMPLOYMENT
□ Copies of pay stubs from each parent/guardian on all income indicating gross earnings for the <b>last 8</b> Weeks
INCOME FROM OTHER SOURCES
Interest Income
☐ Checking account statements for the past 2 months
Rental Income
☐ Copies of 2 months of rent checks or a copy of the lease indicating amount and frequency of payments
Child Support/Alimony
☐ Copies of 8 weeks of child support/Alimony payments
☐ Copy of the current Court Order indicating the amount and frequency
Income From Benefits
Copies of the following benefits are required:
□ Unemployment
☐ Transitional Assistance
☐ Social Security
FEDERAL TAX RETURNS
UNLESS YOU DO NOT FILE TAXES, A COPY OF YOUR LATEST FEDERAL TAX RETURN IS REQUIRED FOR INCOME QUALIFICATION.
☐ A copy of the latest Federal Tax Return filed for each parent/guardian in the household
IF YOU DO NOT FILE TAXES
☐ <b>For those who do not file taxes,</b> a signature on an IRS Form is required so that the IRS can confirm your non-filing status.