**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evening Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Date of Birth: \_\_\_\_\_\_\_\_\_Child’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade Entering: \_\_\_**

**Assistance is based on:**

* **Income**
* **Household members (family size)**
* **Special Financial Circumstances**

**Financial Proof must be submitted with application:**

* **Proof of all income sources**
* **Previous year’s tax return for each employed parent (1040 form from Taxes)**
* **All other sources of income (government, social security, etc.)**

**The application process takes approximately two weeks and assistance is not guaranteed. Assistance is dependent on availability of current funds and semi-annual family income verification review.**

**All Information will be KEPT CONFIDENTIAL!**

**Please complete the following household information to the best of your ability. You must include income information of ALL household members.**

**Number of household members:**

|  |  |
| --- | --- |
| **Total Monthly Income** | **Amount** |
| **Wages Salaries, Tips Parent/Guardian 1** |  |
| **Wages Salaries, Tips Parent/Guardian 2** |  |
| **Social Security/SSI/SSDI** |  |
| **Child Support you receive** |  |
| **401k/Retirement** |  |
| **Other Income Sources** |  |

**I understand that this is a needs-based assistance fund. I’m requesting financial assistance in sending my daughter/daughters to Girls Inc. of Worcester.**

**I certify that the above information is true and complete to the best of my knowledge. I have attached ALL the documentation that applies to my household income. I understand that the processing of this application may take up to two weeks upon which a Girls Inc. representative will contact me.**

**Parent/Guardian Signature Date**

**Mail or return to:**

 **Girls Inc. of Worcester**

**Attn: Kenia Sanchez**

**125 Providence Street**

**Worcester, MA 01604**