



Financial Assistance Application

Circle One: School Year Summer

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