



LUDLOW COMMUNITY CENTER
RANDALL BOYS & GIRLS CLUB

**Ludlow Community Center Randall Boys & Girls Club
FINANCIAL ASSISTANCE APPLICATION**

HOW TO APPLY AND WHAT TO EXPECT

In order to apply for Financial Assistance, you must supply the Ludlow Boys & Girls Club with the following documents. Complete the Financial Assistance Checklist for the program area needed:

Financial Assistance Checklist

1. Financial Assistance Application Form
2. Most recent Tax Returns (black out social security numbers for each individual)
3. Two (if paid bi-weekly) or Four (if paid weekly) Most Current Paystubs for each income-earning member of the household
4. Proof of any Other Income (i.e. child support, social security benefits, etc.)
5. SSI Award Letter (if applicable)

Families applying for Childcare Financial Assistance are required to apply for EEC Vouchers. Contact MASS 211 to be placed on the list.

All applications must be 100% complete, with all applicable attachments, or your application will be denied and returned.

Approval and Payment Process

You will receive an approval or denial letter within 14 days of receipt of application. You must return the signed copy of the letter by the date indicated in order to receive the financial assistance. If the letter is not returned, your financial assistance will be canceled.

For more information, contact the Ludlow Boys & Girls Club at (413) 583-2072.

Submit all required forms

- Mail or drop off forms at the Ludlow Boys & Girls Club (address below)

Ludlow Boys & Girls Club
 Attention: Director of Operations
 91 Claudia's Way
 Ludlow, MA 01056
 • Phone: (413) 583-2072

Ludlow Boys & Girls Club Staff to Complete this Section	
Member Account Number _____	Program _____
Amount of Assistance _____	Begin Date _____ Review Date _____
Approved By _____	Date Entered _____



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Parent/Guardian Name: _____ MI: _____ Last Name: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

Employer Name: _____

Employer Address: _____

Town/City: _____ State: _____ Zip Code: _____

Job Title: _____ Business Phone: _____

Spouse/Partner Name: _____ MI: _____ Last Name: _____

Employer Name: _____

Employer Address: _____

Town/City: _____ State: _____ Zip Code: _____

Job Title: _____ Business Phone: _____

of Dependent Children: _____ Place a check next to the name of the child(ren) attending the program.

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Financial Assistance is Requested for (please circle all that apply):

Membership Preschool Before School After School Summer Program Other Program _____

Other Information:

Your Gross Annual Salary: \$ _____ Spouse/Partner's Gross Annual Salary: \$ _____

Other Income (list source & amount): _____

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

Do you receive a housing subsidy? Yes No Amount per Month: \$ _____

Please list any special circumstances that affect your reason for need: _____

To qualify for financial assistance, you must submit the following documents:

- Your most recently filed tax return
- Two current paycheck stubs or other proof of your current combined total income
- Proof of any other income - i.e. child support, social security benefits, etc.
- SSI Award Letter (if applicable)

I understand that if I do not provide the required documentation my application will be denied. 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 the full published rate.

Applicant Signature: _____ Date: _____