



**BOYS & GIRLS CLUB  
OF MANCHESTER**

**2024 SUMMER PROGRAMS  
FINANCIAL ASSISTANCE APPLICATION**

**ALL FINANCIAL APPLICATIONS ARE DUE: Friday, February 16, 2024**

**CAMP FOSTER REGISTRATION BEGINS: Monday, March 4, 2024**

IMPORTANT FINANCIAL ASSISTANT INFORMATION FOR SUMMER PROGRAMMING:

1. A limited amount of financial assistance is available.
2. Campers who received financial aid last year and did not submit a cancellation notice in writing or pay the balance are ineligible for financial assistance this year.
3. **Members who regularly attend our school year program receive priority consideration.**
4. We will notify you in writing if you receive assistance.
5. You must re-apply for the 2024 summer camp season. Financial aid does not carry over from the school year or previous camp sessions.
6. We require proof of income for all adults financially responsible for the child/children. If your financial information is not attached, we will not process your application and return it to you. We accept the following for proof of income:
  - Last month's pay stubs
  - Previous month's unemployment benefit notice
  - Previous month's disability/social security benefit notice and a letter from the State of NH showing Childcare Step and coverage dates.
7. When determining financial assistance, your child's past behavior as a Club member or summer camper will have an impact.
8. NH State Law requires that we have a physician's statement and immunization records on file for each camper.
9. All accounts on financial aid must be paid on time or financial aid rate will be removed.

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Children for whom you are requesting assistance for that live in household full time:

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Name Age

How many weeks of camp are you requesting for each child? \_\_\_\_\_

Are the children current Club members or past campers?  Yes  No

Excluding the children named above, please list everyone, yourself included, who live in your household full time.

Name	Age	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ Total adults and children living in household full-time

Please explain any extenuating circumstances below, if left blank application will not be processed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Comments:

\_\_\_\_\_

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