



**BOYS & GIRLS CLUBS
OF GREATER MANCHESTER**

**2025 SUMMER PROGRAM
FINANCIAL ASSISTANCE APPLICATION**

ALL FINANCIAL ASSISTANCE APPLICATIONS ARE DUE: **Friday, January 31, 2025**
SUMMER PROGRAM REGISTRATION BEGINS: **Tuesday, February 18, 2025**

IMPORTANT FINANCIAL ASSISTANCE INFORMATION FOR SUMMER PROGRAMMING

1. A limited amount of financial assistance is available.
2. Campers who received financial aid last year but did not submit a written cancellation notice 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 2025 summer program season. Financial aid does not carry over from the school year or previous summer 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

All documents must be in PDF form. No other form will be accepted, and your application will be returned to you.
7. When determining financial assistance, the past behavior of the child as a Club member and/or summer camper, as well as that of the parent/guardian, will impact the decision.
8. NH State Law requires that we have a physician's statement and immunization records on file for each camper.
9. All financial aid accounts must be paid on time, or the financial aid rate will be removed.

Parent/Guardian Name: _____ Cell Phone: _____

Mailing Address: _____

Email Address: _____

Name of children for whom you are requesting assistance, who live in the household full time:

Name: _____ Grade in Fall 2025: _____

Name: _____ Grade in Fall 2025: _____

Name: _____ Grade in Fall 2025: _____

Name: _____ Grade in Fall 2025: _____

Name: _____ Grade in Fall 2025: _____

How many weeks of summer program are you requesting for each child? _____

Are the children current Club members or past summer program members? Yes No

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

Name: _____ Age: _____ Relationship to You: _____

Name: _____ Age: _____ Relationship to You: _____

Name: _____ Age: _____ Relationship to You: _____

Name: _____ Age: _____ Relationship to You: _____

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:

You can submit via email to kkuehl@mbgcnh.org, fax to 603-641-3825, or in person at the Club. Please be sure all areas of the application are completed, and income verification for all adults in the household is attached, or it will be returned to you.