



**BOYS & GIRLS CLUBS**  
OF GREATER MANCHESTER

**Boys & Girls Clubs  
of Greater Manchester**  
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bgcgm.org

Dear Boys & Girls Clubs of Greater Manchester Families,

As you have experienced, Boys & Girls Clubs of Greater Manchester prides itself on the quality of care and services we provide to all members and their families. To retain quality staff members and the level of summer programming our families are used to, we had to make the difficult decision to raise our weekly fees by \$15. The weekly fee for Kidz Kamp (for kids entering grades K-1 in the fall 2026) and Camp Foster (for kids entering grades 2-7 in the fall 2026) will be \$225/week. This increase allows us to improve our starting hourly rate to maintain our competitiveness in the job market, continue hiring exceptional employees, and the ability to continue providing safe and fun programming. In addition, this change also allows us the ability to offset the rising operational cost of running high-quality programs at our Clubhouse and Camp Foster.

Despite all of this, we are still offering financial assistance opportunities and encourage families to apply. We will do our best to help as many families as we can, as we know the importance of our programs in the community.

As always, the Club offers opportunities throughout the summer where families can participate and/or apply for support:

- The *Food Pantry* and *Fresh Mobile Market* will be available weekly at the Union Street Clubhouse. Dates and times will be shared as they are determined.
- *Mental Health Counseling* through our partnership with The Mental Health Center of Greater Manchester.

We are excited to announce two **NEW** opportunities this summer:

- **STEM Launch Lab** – a full-day, 5-week partnership with Southern New Hampshire University (SNHU), for members entering grades 5-8 (members must be 10-years-old by July 1, 2026), to dive into the world of STEM. This specialized Summer Program will split time between the Clubhouse and SNHU. Members will engage in weekly themed projects that they will be able to take home. STEM Launch Lab will run from July 6 - August 7, from 8am-4pm. The weekly fee for this program will be \$325. This program *does not* qualify for financial assistance. Afternoon supervision is available from 4-6pm for Launch Lab members. Members entering grades 6-8, can join the Tween/Teen Drop-in Summer Program for no additional fee; members entering grade 5, can add-on afternoon supervision for an additional \$30/week.
- **Tween/Teen Full Day Summer Program** – a full-day, 10-week program at the Clubhouse for members entering grades 6-12. Members will have the opportunity to attend weekly field trips to local and state attractions, as well as periodically visit Camp Foster. Tween/Teen Full Day Summer Program will run from June 22 – August 28, from 8am-4pm. The weekly fee for this program is \$225. This program *does* qualify for financial assistance. Members can join the Tween/Teen Drop-In Summer Program to remain in the Clubhouse until 6pm.

If you have any questions or concerns or want to learn more about these opportunities, please contact Antonio or JR.

Thank you,

Antonio Feliciano  
Director of Operations  
603.625.5982 ext. 238

JR Linden  
Director of Finance  
603.625.5982 ext. 222

**GREAT FUTURES START HERE.**



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**2026 SUMMER PROGRAM  
FINANCIAL ASSISTANCE APPLICATION**

ALL FINANCIAL ASSISTANCE APPLICATIONS ARE DUE: **Friday, January 30, 2026**  
SUMMER PROGRAM REGISTRATION BEGINS: **Tuesday, February 17, 2026**

IMPORTANT FINANCIAL ASSISTANCE INFORMATION FOR SUMMER PROGRAMMING

1. A limited amount of financial assistance is available.
  2. Members 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 2026 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 participant, 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 Summer Program member.
  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 2026: \_\_\_\_\_

Name: \_\_\_\_\_ Grade in Fall 2026: \_\_\_\_\_

Name: \_\_\_\_\_ Grade in Fall 2026: \_\_\_\_\_

Name: \_\_\_\_\_ Grade in Fall 2026: \_\_\_\_\_

Name: \_\_\_\_\_ Grade in Fall 2026: \_\_\_\_\_

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.***

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Staff comments:

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**You can submit via email to [kfarwell@bgcgm.org](mailto:kfarwell@bgcgm.org), 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.**