



**BOYS & GIRLS CLUBS  
OF GREATER MANCHESTER**

**2026 SCHOOL YEAR  
FINANCIAL ASSISTANCE APPLICATION**

ALL FINANCIAL ASSISTANCE APPLICATIONS ARE DUE: **Friday, May 15, 2026**  
SCHOOL YEAR REGISTRATION BEGINS: **Monday, June 1, 2026**

IMPORTANT FINANCIAL ASSISTANCE INFORMATION FOR THE SCHOOL YEAR

1. A limited amount of financial assistance is available.
2. We will notify you in writing if you receive assistance.
3. If you have applied in the past, you must re-apply for the 2026-27 school year. Financial aid does not carry over from the school year or previous summer sessions.
4. 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.**
5. When determining financial assistance, the past behavior of the child as a Club member and/or summer program member, as well as that of the parent/guardian, will impact the decision.
6. All financial aid accounts must be paid on time, or the financial aid rate will be removed.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

Before School Program (BSP) Only     After School Program (ASP) Only     BSP/ASP Both

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

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Before School Program (BSP) Only     After School Program (ASP) Only     BSP/ASP Both

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

Excluding the children named in the previous section, 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 as a PDF via email to [frontdesk@bqcm.org](mailto:frontdesk@bqcm.org), or in person at the Union Street Clubhouse. 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.**