



**BOYS & GIRLS CLUB**  
OF MANCHESTER

## 2024-2025 FALL PROGRAM - FINANCIAL ASSISTANCE APPLICATION

ALL FINANCIAL APPLICATIONS ARE DUE: **Wednesday, May 1, 2024**

FALL REGISTRATION BEGINS: **Monday, June 3, 2024**

1. A limited amount of financial assistance is available.
2. We will notify you in writing if you receive assistance.
3. You must re-apply for the 2024-25 school year season. Financial aid does not carry over from previous periods.
4. We require proof of income for all adults in the household and those 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.
5. When determining financial assistance, your child's past behavior as a Club member or summer camper, as well as the behavior of the parent/guardian, will have an impact.

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

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

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

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

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

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

ASP Only       BSP Only       BSP/ASP Both

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

ASP Only       BSP Only       BSP/ASP Both

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

ASP Only       BSP Only       BSP/ASP Both

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

ASP Only       BSP Only       BSP/ASP Both

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

Excluding the children named above, please list everyone, yourself included, who lives 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: