



Please note that the deadline for submission of all financial assistance material is May 11, 2018. We recommend turning all documents in as soon as possible as funds may be exhausted by or before May 11, 2018. Funds are awarded on a first-come first-served basis.

**Checklist for Applications: Before Returning Your Completed Packet, Be Sure it Includes:**

- 1. 2017 1040 Federal Tax Return
- 2. Complete and signed Boys & Girls Club of Cape Cod Financial Aid Application.
- 3. Last four payroll stubs or public assistance notification.
- 4. Any other documentation that will support your request.
- 5. A complete camp registration packet (registration, medical & permission forms)
- 6. A **\$25/week NON-REFUNDABLE** deposit.

**FINANCIAL ASSISTANCE POLICY**

While the Boys & Girls Club sets fees at rates affordable to the majority of residents in our service area, financial assistance is available to those who cannot afford those fees. Assistance is awarded based on each applicant's ability to pay and the funds available. Last year, requests for assistance far exceeded our available funds. Please get your applications to us as soon as possible.

**1. APPLICANT INFORMATION**

Camper's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

Will you receive financial assistance from any other source? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what source and how much? \_\_\_\_\_

**\*\*MAXIMUM AWARD FOR 2017 IS \$115/WEEK PER CHILD, \$100/WEEK PER ADDITIONAL CHILD\*\***

**\*\*If family income is under \$22,000, we suggest that you contact Child Care Network for a voucher.\*\***

**2. FINANCIAL INFORMATION**

Current Household: Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_

| <b>MONTHLY GROSS INCOME FROM ALL SOURCES:</b> |                 |
|---|-----------------|
| Applicant                                     | \$ _____        |
| Spouse  | \$ _____        |
| Alimony/Child Support                         | \$ _____        |
| SSI   | \$ _____        |
| Disability                                    | \$ _____        |
| Food Stamps                                   | \$ _____        |
| Other   | \$ _____        |
| <b>Total Monthly Income</b>                   | <b>\$ _____</b> |

**By signing below, I understand my financial assistance will be forfeited for the remainder of the summer as the result of:**

1. Failure to make timely payments.
2. Frequent unexcused absences (more than 1 per registered week). Excused absences include illnesses and family emergencies.
3. Failure to get child to camp in a timely fashion so he/she can go on planned, pre-paid field trips. (child will be sent home if group has already left, and it will be considered an unexcused absence)

**\*\*FOR OFFICE USE ONLY\*\***

Financial Assistance Awarded per week: \_\_\_\_\_

Total Financial Assistance Awarded: \_\_\_\_\_

Total Parental Fee (due by \_\_\_\_\_): \_\_\_\_\_

**3. I hereby certify that the information contained in my application is complete and correct. I understand that failure to provide accurate information will result in forfeiture of any financial assistance. The Club reserves the right to rescind any assistance provided if and when any false or misleading information is provided.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_