

2024 Summer Camp Financial Assistance Form

Please note that the deadline for submission of all financial assistance material is <u>May 10, 2024</u>. We recommend turning all documents in as soon as possible as funds may be exhausted by or before May 10, 2024. Funds are awarded on a first-come first-served basis.

☐ 1. 2023 1040 Federal Ta☐ 2. Complete and signed☐ 3. Last four payroll stube☐ 4. Any other documenta☐ 5. A complete camp regi☐ 6. A \$25/week NON-RI FINANCIAL ASSISTANCE While the Boys & Girls Cluto those who cannot afford to	Boys & Girls Club of Cape Costs or public assistance notificate tion that will support your requistration packet (registration, refundable deposit. CE POLICY b sets fees at rates affordable those fees. Assistance is aware	od Financial Aid Application. quest. medical & permission for to the majority of residented based on each application.	tion. ms) ats in our service area, financial assistance is available ant's ability to pay and the funds available. Last year
requests for assistance far exceeded our available funds. Please get your applicat 1. APPLICANT INFORMATION			**MAXIMUM AWARD FOR 2024 IS \$125/WEEK PER CHILD**
Camper's Name			**Unfortunately, we are no longer accepting Childcare Network (CCN) vouchers. We have financial aid available and will do our best to
Parent/Guardian's Name			
			assist you and your family.**
Phone () Employer:			
Will you receive financial assistance from any other source? YESNO			
If yes, what source and how much?			
2. FINANCIAL INFORMATION			
Current Household: Number of AdultsNumber of Children			
MONTHLY GROSS INCOME FROM ALL SOURCES:		By signing below, I understand my financial assistance will be forfeited for the remainder of the summer as the result of:	
Applicant	\$	 Failure to make timely payments. Frequent unexcused absences (more than 1 per registered week). Excused absences include illnesses and family emergencies. 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) 	
Spouse	\$		
Alimony/Child Support			
SSI	\$		
Disability	\$	**FOR OFFICE USE ONLY** Financial Assistance Awarded per week: Total Financial Assistance Awarded: Total Parental Fee (due by):	
Food Stamps	\$		
Other	\$		
Total Monthly Income	\$		
accurate information will r		incial assistance. The Cl	and correct. I understand that failure to provide ub reserves the right to rescind any assistance
Applicant Signature:Date:			