



**BOYS & GIRLS CLUB
OF GREATER NASHUA**

Financial Aid Program

Financial assistance funding is generously donated to the Boys & Girls Club of Greater Nashua by corporate sponsors, foundations, and individuals in our community to help provide access to programs and services, regardless of ability to pay. Financial assistance is awarded based on demonstrated need, on a first come-first serve basis.

Application Process:

1. Complete the Financial Aid Application
2. Provide the required supporting documents below. If needed, we can make copies for you.
 - Two recent pay stubs (required for each parent/guardian responsible for child/children).
 - Most recent federal income tax return.
 - New Hampshire Department of Health and Human Services “Notice of Decision Summary” form (only required when receiving state assistance for food and housing cost.)
3. You will receive a Financial Assistance Determination letter via email, outlining the financial assistance that you qualify for.

Important Financial Assistant Information:

- A limited amount of financial assistance is available.
- All request for financial assistance are first come first serve; all information provided will be kept confidential.
- **Members who regularly attend our school year program will receive priority consideration for summer camp scholarships.**
- When determining financial assistance, the past behavior of the child as a club member and or summer camper, as well as that of the parent/ guardian, will impact the decision.
- All financial aid accounts must be paid on time or the financial aid rate will be removed.
- No application forms will be reviewed unless all required documents have been submitted.



Financial Aid Application

Club Member Information

Club Member's Name: _____

DOB: _____ Age: _____ Gender: _____ Card #: _____

Grade: _____ School: _____

Please check off the programs for which you are seeking financial assistance

✓	Program Name	Program Cost	Cost Frequency
	Annual Membership ELC Childcare, ELC Lower Elementary, Upper Elementary	\$90	Annual
	Annual Membership Tween Middle School, Teen High School	\$50	Annual
	ELC Summer Camp*	\$200	Weekly (9 Weeks)
	Camp Ohana Nash Grades 4 th -5 th *	\$150	Weekly (9 Weeks)
	Teen Camp 6 th -7 th grade *	\$50	Weekly (9 Weeks)
	Other _____		

***If requesting summer camp financial aid. How many weeks of summer programing are you requesting? _____

How much are you able to contribute to your childs program expenses? _____

How has the Club positively impacted your family?:

Please use this space below to let us know what this scholarship would mean to you and your family:



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Would your family benefit from the following support services. Check all that apply

Food

Clothing

connections to other non-
profits

Would you be interested in volunteering/ giving back at the club? I would be interested in. Check all that apply

Kitchen

working with
youth

club clean
ups/ facility
projects

Connect with my
employer for potential
support

Parent Contact & Household Information

Parent/Guardian Name: _____

Cell Phone: _____ Work Number: _____

Parent Email: _____

Parent/Guardian Name: _____

Cell Phone: _____ Work Number: _____

Parent Email: _____

Total Number of Household Occupants: _____

Household Member Names:

1. _____

2. _____

3. _____

4. _____

5. _____



Household Income & Other Assistance

Please list all income of the household last month (4 week period) on the same line. A copy of each listed individual’s paystub or other documentation of income **MUST** accompany this application before your application is reviewed. Please be aware that your application cannot be reviewed without proof of income.

✓	Monthly Income	Earners Name	Earners Name	Frequency of Payment	Income Amount
	Employment Income				
	TANF and Food Stamps				
	Other Public Assistance				
	Children’s Income				
	Child Support				
	Commissions, Tips, Bonuses				
	Unemployment and veterans benefits				
	Disability, Workers’ Compensation				
	Pension and Retirement Benefits				
	Social Security Benefits (SSA)				
Monthly Total Income				\$	

Please use this space provided to share any extenuating circumstances affecting your family:

I Certify that the above information is true and complete to the best of my knowledge, and that I do not have additional household income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial aid from the Boys & Girls Club of Greater Nashua is based on need and funding available. I understand that if I falsify any of the above information, I will not be eligible for financial aid assistance now and/ or in the future.

Application Signature

Applicant Printed Name



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All financial assistance information is kept confidential. Please Submit the completed financial aid application and supporting documents by email to XXXXXXXXXX@bgcn.com.