



LUDLOW COMMUNITY CENTER  
RANDALL BOYS & GIRLS CLUB

## School-Age/Summer Camp Financial Assistance Application

### Application Policies:

- The School Age/Summer Camp financial assistance application is used to apply for financial assistance for the Before-School, After-School or Summer Camp programs.
- Financial assistance applications must be completed entirely and turned in along with a School-Age childcare or summer camp registration form.
- Financial assistance applications will only be accepted during a current enrollment period and are due by the deadline dates listed below.
- All supporting documentation must be submitted to SCHOOL AGE DIRECTOR along with the application. Any missing information will delay the application process.
- Turning in a financial assistance application does not guarantee an award or automatic enrollment in the Before-School, After-School or Summer Camp programs.
- Once the Director of Finance has processed the financial assistance application, families who are awarded assistance will be notified. They will be required to come in prior to the program start date to set up a payment plan, which includes direct debit for weekly co-payments.
- **Deadline for Summer Camp Assistance: Wednesday, May 30, 2018.**

THE TWO ITEMS BELOW ARE REQUIRED FOR YOUR APPLICATION TO BE REVIEWED.

- ➞ \_\_\_\_\_ I have contacted New England Farm Workers Council (childcare voucher program) and submitted the required application (413)-272-2207. **Attach proof of the application to NEFWC (agency email).**  
(Families currently receiving assistance through NEFWC are ineligible for additional award.)
- ➞ \_\_\_\_\_ I have completed, signed and dated the information requested on the Assistance Application.

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
date

# Financial Assistance Application

ALL INFORMATION LISTED BELOW IS REQUIRED

➤ **Child(ren):** \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ Age of Child(ren): \_\_\_\_\_

How many years has your child(ren) attended the Boys and Girls Club: \_\_\_\_\_

➤ **Parent/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

How long have you worked at this location: \_\_\_\_\_

➤ **Parent/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

How long have you worked at this location: \_\_\_\_\_

## DOCUMENTATION CHECKLIST - - You MUST provide all applicable documentation of income.

● 2017 Federal Income Tax Return

● 4 weeks of most recent Pay Stubs

● Proof of Child Support

● SSI Award Letter

● Other

**INCOME DOCUMENTATION** - - List below ALL current household income sources and amounts before deductions. **The LCC/RB&GC reserves the right to verify this information.**

	SELF	SPOUSE/PARTNER or PARENT/GUARDIAN	All Others living in your household contributing income
Employment	\$	\$	\$
Child Support	\$	\$	\$
Parental Support	\$	\$	\$
Other	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

**EXTRAORDINARY EXPENSES** -- List any extraordinary or unusual expenses for your household. Examples of acceptable extraordinary expenses are: student loan payments, out of pocket medical expenses, school tuition and book expenses that are not covered by financial assistance. **(Items not accepted for extraordinary expenses are for example: rent, cell phone and regular monthly bills.)**

Type of Expense	Amount Paid <i>per Month</i>
1.	\$
2.	\$
3.	\$

Amount of assistance requested for June 25 - August 17, 2018: \_\_\_\_\_  
 (Note number of camp weeks x \$\$ per week = total requested.)

Please give a brief description of why you are applying for assistance:

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**Assistance will not be considered without the above REQUIRED information.** *The information I have supplied is accurate to the best of my knowledge. I understand that assistance is limited and the information provided is confidential. I understand that all the information I have provided will be considered by the Ludlow Community Center/Randall Boys and Girls Club and assistance will be awarded upon family need.*

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 date