

## 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 <u>completed entirely</u> 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 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: Friday, May 19, 2017.
- Deadline for Before & After School Assistance: Friday, July 28, 2017.

	THE TWO ITEMS BELOW ARE <u>REQUIRED</u> FOR YOUR APPLICATION TO BE REVIEWED.
<b>&gt;</b>	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.  (Families currently receiving assistance through NEFWC are ineligible for additional award.)
<b>&gt;</b>	I have completed, signed and dated the information requested on the Assistance Application.

parent/guardian signature

## Financial Assistance Application ALL INFORMATION LISTED BELOW IS REQUIRED

Child(ren):		
Address:	State:	Zip:
Home Phone:	Age of Chi	ild(ren):
How many years has your child(ren) attended the B	Boys and Girls Club:	
Parent/Guardian:		
Address:		
Home Phone:	Cell Phone:	
Email Address:		
Workplace:	Work	C 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 - VoluMUST	The state of the s	
DOCUMENTATION CHECKLIST You MUST	provide all applicable de	ocumentation of income.
<ul> <li>2016 Federal Income Tax Return</li> </ul>	• 4 weeks of most	recent Pay Stubs
<ul><li>● Proof of Child Support</li><li>● S</li></ul>	SSI Award Letter	<ul><li>Other</li></ul>

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	\$	\$	\$		
TOTAL	\$	\$	\$		

<b>EXTRAORDINARY EXPENSES</b> List any extraordinary or use of acceptable extraordinary expenses are: student loan payments, out of book expenses that are not covered by financial assistance. (Items not acceptable: rent, cell phone and regular monthly bills.)	pocket medical expenses, school tuition and
Type of Expense	Amount Paid <i>per Month</i>
1.	\$
2.	\$
3.	\$
Amount of assistance requested for June 26 - August 18, 201  Please give a brief description of why you are applying for as	
Assistance will not be considered without the above <u>REQUIR</u> have supplied is accurate to the best of my knowledge. I un the information provided is confidential. I understand that a be considered by the Ludlow Community Center/Randall Boy awarded upon family need.	derstand that assistance is limited and all the information I have provided will as and Girls Club and assistance will be
Parent/Guardian Signature	date