

2022-2023

APPLICATION FOR FINANCIAL ASSISTANCE

For Office Use Only

Application Rec'd _____

AREAS FOR WHICH YOU ARE REQUESTING FINANCIAL ASSISTANCE:

- () Summer Camp
- () Afterschool Program

To apply for fee assistance for your child or children, carefully complete, sign and return this application along with the membership application to the Boys & Girls Club of the North Country, located at 2572 Rt. 302 in Lisbon, behind the Evergreen Sports Center or mail your completed forms to P.O. Box 111 Littleton NH 03561.

NAME OF CHILDREN FOR WHOM YOU ARE REQUESTING ASSISTANCE:

1. _____
Name of Child Age/Grade Date of Birth Relationship
2. _____
Name of Child Age/Grade Date of Birth Relationship
3. _____
Name of Child Age/Grade Date of Birth Relationship

HOUSEHOLD MEMBERS: Other than the above name(s), list everyone else living in your household, including yourself. Your household includes EVERYONE at your personal address, related or not.

1. _____
Name Age Date of Birth Relationship
2. _____
Name Age Date of Birth Relationship
3. _____
Name Age Date of Birth Relationship

Are there any extenuating circumstances? If yes, please explain briefly.





Are you eligible for reduced or free school lunch program? Yes No

How much do you feel you will be able to pay (per child per session) towards BGCNC fees? \$ _____

In the past, have you received financial assistance from the Boys & Girls Club of the North Country? Yes No

INCOME: List all income of the household last month (4-week period) on the same line with the person who received it.

| NAME (Last, First) | AGE | GROSS MONTHLY EARNINGS (BEFORE DEDUCTIONS) | MONTHLY WELFARE PAYMENTS, CHILD SUPPORT | ALL OTHER INCOME RECEIVED LAST MONTH |
|--------------------|-----|--|---|--------------------------------------|
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  **A copy of one month's income for each listed person
MUST be submitted with this application
before the application will be reviewed.**  

I CERTIFY THAT ALL OF THE PREVIOUS INFORMATION IS TRUE AND CORRECT. IF MY SITUATION CHANGES, I AGREE TO NOTIFY THE BGCNC WITHIN 30 DAYS. I UNDERSTAND THAT ANY DELIBERATE MISREPRESENTATION OF THE INFORMATION MAY RESULT IN LOSS OF ANY FEE ASSISTANCE.

| | |
|------------------------------------|--------------------------------|
| _____ Signature of Adult | _____ Date Signed |
| _____ Print Name of Above Adult | _____ Work or Daytime Phone |
| _____ Street Address | _____ Evening Phone |
| _____ City, State & Zip | _____ E-mail Address |

In order to apply for financial assistance
you must complete the Family Income section on the membership application