



Financial Assistance Application

Qualifications

Our financial aid qualifications are based on the financial assistance standards set forth by the Department of Early Education and Care and Boys & Girls Club of Greater Billerica policies. Families must re-apply each Summer/Childcare season. **Unfortunately, due to limited funds, we do not offer financial aid to families with one or more parent/guardians who are home during our program hours.**

Deadlines to Apply

1. Applications are available starting March 12th
2. Completed Applications are DUE within 1 week of registering for camp
3. Award Announcements will be emailed out within 2 weeks of receiving the application
4. Incomplete applications will not be considered

Applying

To apply, please complete all sections of the attached application. All income sources must be accompanied by proof of support or non-support. If you do not receive any of the listed income categories, please mark them as "n/a". **Incomplete applications will not be considered.**

Income (Employment):

- Two to Four paystubs
- 1099 or prior year tax return

Income (Supplemental):

- Award letters (*Cash benefits, social security, etc.*)
- Child Support (*Proof of Support*):
 - Statement/letter from the MA Department of Revenue
 - Divorce agreement
 - A notarized letter stating how much you receive (*both parental signatures*)
- Child Support (*Proof of Non-Support*):
 - Statement/letter from the MA Department of Revenue
 - A notarized letter stating you do not receive and child support

Housing:

- A mortgage/rental agreement
- If a formal document does not exist, please sign (*along with your landlord*) a document stating how much you pay, to whom, and the address

Questions

If you have any questions regarding your eligibility or need further assistance, please feel free to contact the childcare billing office:

Kelly Lawler

Director of Enrollment and Billing

(978) 667-2193, Ext. 103

Childcarebilling@billericabgc.com

Financial Assistance Application

Name of child(ren) for whom you are seeking financial assistance:

Child 1: _____ Age: _____
 Child 2: _____ Age: _____
 Child 3: _____ Age: _____
 Child 4: _____ Age: _____

Parent/Guardian Information:

Mother/Guardian #1 Name:	Father/Guardian #2 Name:
Home Address:	Home Address:
Home Phone #:	Home Phone #:
Employer:	Employer:
Employer Address: :	Employer Address: :
Employer Phone #:	Employer Phone #:
Number of hours worked per week:	Number of hours worked per week:
Number of days worked per week:	Number of days worked per week:

Other forms of monthly income you or your household receives:

Child Support**	No	Yes \$ _____	Retirement Income	No	Yes \$ _____
Alimony	No	Yes \$ _____	Worker's Compensation	No	Yes \$ _____
DCF Foster Care/ Adoption/ Guardianship Subsidy	No	Yes \$ _____	Social Security Benefits (Parent or Child)	No	Yes \$ _____
TAF DC Cash Benefits	No	Yes \$ _____	Other: _____	No	Yes \$ _____
Total Other Monthly Income: \$ _____					

Please provide proof of support for the income categories above.

****Proof of non-support must also be provided for single parents claiming \$0 in child support.**

For what sessions of summer camp are you applying? (Circle all that apply)

Session 1
June 30th-July 3rd

Session 2
July 7th-July 25th

Session 3
July 28th-August 15th

Financial Assistance Application

1. Are there any other extenuating circumstances that are currently affecting your financial situation?

2. What is your monthly rent/mortgage payment?

\$ _____
(Please submit a copy of either lease agreement or mortgage statement)

3. How many adults live in your household?

a. Do all adults contribute to the household income? **YES NO**

4. How many dependents are you financially responsible for (ages 0-18)?

a. What are their ages?

5. Do you pay for other childcare? **YES NO**

If yes, how much? _____

(please submit proof of payment if applicable)

Parent's Signature: *By signing below you acknowledge that the information contained within this application is true, and that you will notify the Boys & Girls Club of Greater Billerica if there are any major changes to your financial situation. All sections must be completed, with all supporting documents in order for your application to be reviewed.*

Please initial below for each type of supporting documentation included in your application.

Incomplete applications will not be considered.

_____ **Proof of income sources attached**

_____ **Proof of rent/mortgage amount**

_____ **Any additional necessary supporting documents attached**

PARENT SIGNATURE: _____ **DATE:** _____

For Office Use Only: Date Received: _____

Program Signed Up For: _____ Monthly Rate (Family Total): \$ _____ Family Size: _____ Gross Monthly Income: \$ _____

MA Daily Co-Payment: \$ _____ MA Weekly Co-Payment: \$ _____ MA Monthly Co-Payment: \$ _____