



BOYS & GIRLS CLUB
OF GREATER BILLERICA

Dear Families,

In an attempt to provide affordable childcare to the families we serve, the Boys & Girls Club of Greater Billerica raises funds annually to offer financial aid and scholarships to children enrolled in our program. Enclosed is our revised application.

Qualifications

Our financial aid qualifications are based on the financial assistance standards set forth by the Department of Early Education and Care. 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.

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 are not receiving your court-ordered child support, proof of non-support can be obtained from the Department of Revenue's Child Support Enforcement Division.* If you do not receive any of the listed income categories, please mark them as "n/a". **Incomplete applications will not be considered.**

Summer Camp Deadlines:

1. Applications are due with registration.
2. Announcements will be made by May 11th.

Questions

If you have any questions regarding your eligibility or need further assistance, please contact our childcare billing office:

Kaitlyn Nerpouni
Assistant Childcare Director
(978) 667-2193, Ext. 103
Childcarebilling@billericabgc.com

As always, we are so glad you have chosen the Boys & Girls Club of Greater Billerica for your childcare provider, and we look forward to working with you throughout the summer!

Best,

Kaitlyn Nerpouni



Financial Assistance Form: Camp 2018

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

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

For what program are you applying? (circle all that apply)

Program: *Camp (9AM – 4:30PM)* *Extended Hours (6:30AM – 9AM & 4:30PM- 6PM)*

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:
Gross Monthly Income: _____	Gross Monthly Income: _____
Please attach your previous TWO paystubs	*Please attach your previous TWO paystubs*

Please list any other forms of income you or your household receives.* (Monthly Totals)

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 these income categories.

****Proof of non-support must also be provided for single parents claiming \$0 in child support****
(Proof of non-support can be accessed via the MA Department of Revenue.)



Financial Assistance Form: Camp 2018

Additional Questions:

1. What is your monthly rent/mortgage payment? \$ _____
 (Please submit a copy of either lease agreement or mortgage statement)
2. How many adults live in your household? _____
 a. Do all adults contribute to the household income? **YES NO**
3. How many children live in your household? _____
 a. What are their ages? _____
4. Do you pay for other childcare? **YES NO**
 a. If yes, how much? _____ (please submit proof of payment if applicable)
5. Are there any other extenuating circumstances that are currently affecting your financial situation?

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. Also, please note that 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.*

- ___ **Proof of income sources attached (Paystubs or other)**
- ___ **Proof of rent/mortgage amount**
- ___ **Any additional necessary supporting documents attached (childcare expense, etc.)**

PARENT SIGNATURE: _____ DATE: _____

<p>For Office Use Only: Received by: _____ Date Received: _____ Weekly Rate (Full Cost): \$210 or \$260 MA Weekly Co-Payment Assessment: \$ _____ Last Year's Parent Fee—Camp (if applicable) _____ Parent Fee: \$ _____ Financial Aid Award: \$ _____</p>
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