



FINANCIAL AID APPLICATION FORM

Financial assistance funding is generously donated to the Boys & Girls Club of Souhegan Valley by corporate sponsors, foundations, and individuals in our community to help provide access to programs and services, regardless of ability to pay. Financial assistance is awarded based on demonstrated need, on a first come-first serve basis.

Please complete all information and attach all requested financial information (see required documentation section below) to this application and return to the Finance Office to be considered for assistance. **An incomplete form and a form missing the required documentation will be returned to the applicant. Everyone must apply (or re-apply) for financial aid for the school year or summer camp regardless of previous awards. **Submission of application is not a guarantee of financial aid.****

Child Name: (First) _____ (Last) _____ Gender: (check) ___ M ___ F
 DOB ___/___/___ Age _____ School _____ Grade _____
 Mailing Address _____
 Physical Address _____
 City _____ State _____ Zip _____

Responsible Payer: _____ **Signature:** _____ **Date:** _____

Primary Contact (*check appropriate*): ___ Mother ___ Father ___ Guardian/other

All correspondence regarding this financial aid application will be done via email. Please provide the email address of the personal responsible for the completion of this application.

Email: _____

Mother's Name:		Father's Name:		Other Guardian:	
Home:		Home:		Home:	
Work:		Work:		Work:	
Cell:		Cell:		Cell:	
Email:		Email:		Email:	
Employer:		Employer:		Relationship:	

Child lives with (please check appropriate box)

- | | | | |
|-----------------|----------------------|---------------------|-----------------|
| Mother & Father | Mother Only | Father & Stepmother | Stepmother Only |
| Stepfather Only | Mother & Step-Father | Foster Parents | Guardian |
| Grandparent(s) | Father Only | Adoptive Parents | Other Relative |

Number of children under 18 living in Household _____

Total number in Household _____

Complete both sides >

Child Name: (First)

(Last)

Parent:

GROSS INCOME- Please attach proof of household gross income. Each household member must enclose forms which verify income, such as most recent tax return and two most recent paystubs, Social Security/Unemployment benefits, TANF award, etc.

Family/member receives (please check all that apply)

Free School Lunch Reduced School Lunch Housing Assistance _____(Amount)

State Child Care Assistance Food Stamps _____(Amount) TANF _____(Amount)

Electrical Assistance _____(Amount) Fuel Assistance _____(Amount)

Do you receive child support ? NO YES Amount \$ _____ Frequency _____

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION (Specific agency/individual)

I understand that as part of the administration of BGCSV's financial assistance program, a BGCSV staff member may verify information I have provided on my application and any other information that would affect my eligibility. My signature below authorizes a member of the BGCSV staff to obtain information from any of the agencies listed below, regarding factors relevant to my application for assistance. This authorization shall expire one (1) year from the date of scholarship application.

Welfare
Town

SHARE

Employer

Southern NH
Services

Member's School

Name of Applicant for Assistance (print)

Signature

Date

Application is not a guarantee of assistance. *Financial assistance is limited and not guaranteed. Your award will be based on family size, income, and financial assistance funds available.*

You are responsible for all charges until your application is complete, approved, and financial assistance is awarded.

For your application to be considered this form must be completed in its entirety and the following required documentation returned with application. If your application is not complete, it will be returned to you.

Required documentation:

Applicant's most recent federal income tax return.

Parent or guardian's last two wage statements (both parents).

Social Security Administration's "Your New Benefit Amount" form (only required when you are receiving benefits from the Social Security Administration).

New Hampshire Employment Security's "Unemployment Benefit Payment" form (only required when receiving unemployment benefits from the state of New Hampshire).

New Hampshire Department of Health and Human Services' "Notice of Decision Summary" Form (only required when receiving state assistance for food and housing costs).

Please attach a separate sheet to this document for any extenuating circumstances if necessary.