NANTUCKET BOYS & GIRLS CLUB

Financial Aid Application

The Nantucket Boys & Girls Club has limited funds available. **Financial aid applications for the 2026-2027 school year are accepted on a rolling basis.**

Please follow the instructions in each of the sections listed below.

Personal Information

Parent/Guardian _____ Phone _____

Parent/Guardian _____ Phone _____

Mailing Address _____

Email Address _____

Do you qualify for free/reduced school lunches? _____

Please list all dependents living in your household:

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment Information

Are you currently employed? ( ) Yes ( ) No

Employer _____ Spouse's Employer _____

Occupation _____ Occupation _____

Months/Years with employer _____ Months/Years with employer _____

<u>Income Information</u> – Please provide a copy of your 2025 IRS Form 1040

Please list additional income (i.e., Child Support, SSI, Alimony, WIC, SNAP, Other):

_____ $ _____ _____ $ _____

_____ $ _____ _____ $ _____

<u>Statement of Financial Need</u>

Please share anything you would like the CEO to consider when reviewing your application, such as recent changes in income, household size, or other circumstances.

_____

_____

_____

_____

A 20% Deposit and a copy of your household's 2025 IRS Form 1040 are required to process your financial aid application. Without these, your financial aid application will be incomplete and not processed.

By signing this financial aid application, I certify that the information on this form is true and complete. I understand that any person who knowingly and with intent files an application containing any false, incomplete, or misleading information may have benefits revoked and be held responsible for the fees covered by the financial aid.

_____

Applicant's Name (Printed)

_____

Applicant's Signature **Date**

Checklist

____ Complete and sign this financial aid application (one per family)

____ Attach a copy of each IRS Form 1040

____ Register child

____ Enclose required first deposit amount equal to 20% off the total

For Office Use Only

Date application was submitted _____

Deposit amount _____ Amount granted _____ Amount owed _____