REQUEST FOR FINANCIAL ASSISTANCE

School Year Programming

BOYS & GIRLS CLUB
OF GREATER SALEM

**** PLEASE READ THOROUGHLY ****

In addition to this application completed in its entirety, you must attach Tax Form 1040 (NOT a W-2) and two (2) recent pay stubs ***(required for each parent/guardian responsible for child/children). If you do not have access to Tax Form 1040, you may request a transcript from the IRS at www.irs.gov/individuals/get-transcript. If you receive SSI/SSDI benefits and are not required to file taxes, a certification of benefits received will suffice in place of Tax Form 1040 and pay stubs.***

- **Requests will not be processed unless all information and paperwork is submitted together.** ***Boys & Girls Club of Greater Salem will not pursue applicants who have not filled out the form completely or have not submitted all requested documents.***
- **Requests for financial assistance are first come, first served; all information provided will be kept confidential.**
- **A deposit (to be applied to monthly amount due) per child is required *in addition to* individual program registration AND active (paid by parent/guardian) Club membership in order to finalize registration. ALL PREVIOUS PROGRAM BALANCES MUST BE PAID IN FULL**
- **Applicants may be required to apply for State Assistance based on income guidelines**

I declare under penalty of perjury that the information provided herein contained is true and correct to the best of my knowledge. I have read and understand the requirements and eligibility guidelines pertaining to my request for Financial Assistance and understand I may be required to apply for assistance through State of New Hampshire Department of Health and Human Services**. I confirm that all of my prior program balances have been paid in full.**

Signature:_____ Date:_____

Applicant Information

Parent/Guardian Name:			
Email Address:		Phone: ( )	
Current Address:			
City:	State:	ZIP:	
☐Own ☐Rent	Monthly payment or rent: $	How long?	
Previous Address:			
City:	State:	ZIP:	
☐Owned ☐Rented	Monthly payment or rent: $	How long?	
Relationship to child: (mother, father, guardian…)			
Child lives with: ☐Mother & Father ☐Mother ☐Father ☐Other:			
Marital Status: ☐Married ☐Separated ☐Divorced ☐Unmarried			

Custodial Status of child(ren): Please check all that apply

☐Sole Physical Custody – Mother
☐Sole Physical Custody – Father
☐Joint Physical Custody
☐Guardian/Person acting as Parent
☐Sole Legal Custody - Mother
☐Sole Legal Custody – Father
☐Joint Legal Custody
☐Other:_____

Child Support: ☐Yes ☐NO ***If YES: Documentation needed***	Support from State?: ☐Yes ☐No ☐NH ☐MA ***If YES: Documentation needed***
Amount of Monthly Support: $	Amount from State: $

Employment Information – Parent/Guardian #1		
Current Employer:		
Employer Address:		How long?
City:	State:	Zip:
Phone: ( )		E-Mail:
Position:	☐Hourly ☐Salary	Annual Income: $
If unemployed, reason for unemployment (documentation required):		

Employment Information – Parent/Guardian #2		
Current Employer:		
Employer Address:		How long?
City:	State:	Zip:
Phone: ( )	FAX:	E-Mail:
Position:	☐Hourly ☐Salary	Annual Income: $
If unemployed, reason for unemployment (documentation required):		

Verification of Information	
Name of non-relative not residing with you:	Phone: ( )

Other Loans, Debts or Obligations	
Description:	Amount per month: $
Description:	Amount per month: $
Description:	Amount per month: $
Description:	Amount per month: $

Other Sources of Income	
Income Source:	Amount per month: $
Income Source:	Amount per month: $
Income Source:	Amount per month: $

Names of All Children/Dependents			
Child's Name(s)	Date of Birth:	2023 Grade Level	Club Member?
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No

***Please list feasible monthly payment amount (per child):* $_____**

Not a guarantee or offer of scholarship.

STAFF USE ONLY

Date received _____
Approved _____ Denied _____

Monthly/Program Rate per child: 1st _____ 2nd _____ 3rd _____ 4th _____
Applicant contacted via: Email ____ Telephone____ Other ___
Date contacted _____