



BOYS & GIRLS CLUB OF THE BERKSHIRES

OFFICE USE ONLY

All Documents attached: Y or N

Approved or Denied

Scholarship %: _____

Parent %: _____

Payment Plan: Y or N

Monthly or Bi-Wkly or Weekly

Plan Amount: _____ # of Payments: _____

Date Parent was notified: _____

APPLICATION FOR FINANCIAL ASSISTANCE

The Boys & Girls Club of Berkshires offers a tuition assistance program for families who are not able to pay full fees for Club memberships and/or programs. Applications for tuition assistance must be completed for each individual program during the Club year. Completed applications must be returned to the Administrative Support Manager. Upon receipt of all necessary documents, the Program Director will review the application and determine eligibility.

1. What program are you seeking financial assistance for? _____

2. Primary Parent/Guardian: _____

Address: _____ Email: _____

List 3 Attainable Phone numbers:

Home Phone: _____ Cell Phone: _____ Work Phone: _____

3. Second Parent/Guardian: _____

Address: _____ Email: _____

List 3 Attainable Phone numbers:

Home Phone: _____ Cell Phone: _____ Work Phone: _____

4. Spouse & Dependents Living at home: (Please complete)

Tax forms must reflect those that are listed below.

Name	Employer / School	DOB	Gender	Grade	Relationship	Program requesting Financial Assistance
Is this a one-adult household?						

5. Documentation Check List

You must attach the following documentation. Please mark out all social security numbers, tax ID numbers and/or credit card numbers before submitting paperwork.

- ☐ Current year's Federal Income Tax Form* (Form 1040 pages 1 & 2 only; or 1040EZ) or W-2 form
- ☐ Copy of two (2) most recent paycheck stubs (for each working adult member of household) **or** letter from employer verifying your current salary for each working parent/guardian. Letter must include employer's name and contact information.
- ☐ Copy of any payments made to you. (alimony, child support, unemployment, social security, housing, worker's comp, disability, food stamps)



**BOYS & GIRLS CLUB
OF THE BERKSHIRES**

6. Income Information (Documentation is required)

Household Income:	Child Support:
Housing Allowance:	Food Stamps:
Social Security:	Unemployment:
Worker's Comp:	Disability Insurance:

7. Please share the financial reason for applying:

8. Have you ever received financial aid from the Club before? Yes or No When? _____

9. Is your child(ren) members of the Club? _____

10. What can you afford to pay? _____

11. Would a payment plan be helpful? _____

12. If you are requesting aid for camp, how many weeks would you like your child/ren to attend?

13. If you are requesting aid for camp, are you requesting extended care? Yes or No

☐ * I do not file a federal Tax return based on federal government income guidelines.

Applications received without the above documentation attached will not be processed.

Please mark out all social security numbers, tax ID numbers and/or credit card numbers before submitting paperwork.

I certify that this information is true and complete to the best of my knowledge. I agree to notify the Boys & Girls Club of the Berkshires if my financial status should change.

Signature of Applicant

Date