

Eligibility Guidelines for Financial Assistance  
Boys & Girls Club of Salem, NH  
Last Updated: 02/03/2010

- The Boys & Girls Club of Salem is a licensed Child Care Provider (for its Preschool and Early Bird programs) in the State of New Hampshire. License Number: #2303
- The Boys & Girls Club of Salem is also registered the NH State Attorney General's Office as a public charity. Registration Number: #2016
- The Boys & Girls Club of Salem is registered with the US Government/IRS. Our Tax Identification number is #02-6017326
- It is the policy of the Boys & Girls Club of Salem to serve the young people of our community without regard to race, color, religion, sex, national origin, age or economic status.
- The Boys & Girls Club of Salem follows the eligibility guidelines for financial assistance as outlined by the State of New Hampshire relative to NH's Child Care Assistance Services.  
<http://www.dhhs.state.nh.us/DHHS/CDB/ELIGIBILITY/default.htm>
- Financial Assistance granted through the Boys & Girls Club of Salem is separate from any assistance that may be granted through the State of New Hampshire.

Any individual may apply for financial aid by completing an application with the Boys & Girls Club of Salem. Gross family income is used to determine eligibility. Family resources such as property and possessions are not counted when determining eligibility. Eligibility is determined per Club program (i.e. summer camp, after school transportation) and the requestor is required to furnish documentation for each program application.

Eligibility Guidelines:

1. The Boys & Girls Club requires that each child for whom child care assistance is requested must:
  - be earning income (adult family members)
  - be a resident of NH; (both NH & MA residencies are eligible for Summer Camp)
  - reside in the same household as the parent who is requesting child care services;
  - be a US citizen or a non-citizen who has legal permission to work/reside in the USA.
2. All adult members of a family must be participating in at least one of the following:
  - Full time employment;
  - Full time student working toward a documented certificate or degree
  - Participating in documented employment-related training;
  - Participating in a documented job search;
3. When one parent, in a two parent family, is disabled and unable to care for a child, only the non-disabled parent must be participating in one of the above activities. Documentation must be provided.
4. Adult family members are eligible for financial assistance during the following times:
  - While working,
  - When in training or attending class,
  - While studying; not to exceed the number of classroom hours,
  - When required to participate in an activity specified in their documented job training, and/or job search.
  - Resting the day after working the 3rd shift. Third shift work must be documented and is only allowed when an individual works any four hours of the day from 10 PM to 6 AM.



**BOYS & GIRLS CLUB  
OF SALEM**

## REQUEST FOR FINANCIAL AID

**PLEASE READ ELIGIBILITY GUIDELINES**

### Applicant Information

Parent/Guardian Name:

Date of Birth:                      SSN:                      Phone: (    )

Current Address:

City:                      State:                      ZIP:

E-mail address:

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

- |   |  |
|---|--|
| <input type="checkbox"/> Sole Physical Custody – Mother   | <input type="checkbox"/> Sole Legal Custody - Mother |
| <input type="checkbox"/> Sole Physical Custody – Father   | <input type="checkbox"/> Sole Legal Custody – Father |
| <input type="checkbox"/> Joint Physical Custody           | <input type="checkbox"/> Joint Legal Custody         |
| <input type="checkbox"/> Guardian/Person acting as Parent | <input type="checkbox"/> 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 #1

Current Employer:

Employer Address:                      How long?

City:                      State:                      Zip:

Phone: (    )                      FAX: (    )                      E-Mail:

Position:                       Hourly                       Salary                      Annual Income: \$

**If unemployed, reason for unemployment:**

### Employment Information - Parent #2

Current Employer:

Employer Address:                      How long?

City:                      State:                      Zip:

Phone: (    )                      FAX:                      E-Mail:

Position:                       Hourly                       Salary                      Annual Income: \$

**If unemployed, reason for unemployment:**

### Verification of Information

Name of relative not residing with you:                      Phone: (    )

City, State & Zip:                      Relationship:

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: \$		
Financial Aid Program(s) Request – check all that apply			
Transportation: <input type="checkbox"/>	School Vacation: <input type="checkbox"/>	Sports Program: <input type="checkbox"/>	
Early Bird: <input type="checkbox"/>	Summer Camp: <input type="checkbox"/>	Other: <input type="checkbox"/>	
Membership: <input type="checkbox"/>	Preschool: <input type="checkbox"/>		
Names of All Children			
Child's Name(s)	Date of Birth:	Grade: (10/11) <i>if applicable</i>	Club Member?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
How much can you afford to pay per week:			
Transportation: \$	Summer Camp: \$	Sports Program: \$	
Early Bird: \$	Preschool: \$	School Vacation: \$	
Other: \$			
Are you willing to help?			
<input type="checkbox"/> Clerical	<input type="checkbox"/> Custodial	<input type="checkbox"/> Special Events	<input type="checkbox"/> Other
Please explain:			

**Please attach two (2) recent pay stubs and a copy of your most recent tax return with copies of W-2's.**

- Requests will not be processed unless all information is submitted.
- The Boys & Girls Club of Salem will not pursue applicants who have not filled out the form completely or have not submitted all requested documents.
- All information provided will be kept as confidential.
- Requests for financial aid are handled on a first come, first served basis.
- Financial assistance is limited.

**SUMMER CAMP REQUIREMENTS**

- If you are registering one (1) Child, a minimum of 7 weeks of Summer Camp is mandatory.
- If you are registering two (2) children, a minimum of 6 weeks of Summer Camp per child is mandatory.
- If you are registering three (3) or more children, a minimum of 5 weeks of Summer Camp per child is mandatory.
- If child or children attends less then the mandatory weeks required for financial assistance (cancellation/no show) your financial assistance will be cancelled and all weeks attended will be recharged at full camp price.

I declare under penalty of perjury that the information provided herein contained is true and correct to the best of my knowledge. I also have read and understand the requirements and eligibility guidelines pertaining to my request for Financial Assistance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_