



WATERTOWN BOYS & GIRLS CLUB

2026 SUMMER CAMP FINANCIAL ASSISTANCE APPLICATION

Welcome to Watertown Boys & Girls Club's financial assistance program. Due to the number of requests for financial assistance for our programs, several requirements are in place to ensure that we can serve as many requests as equitably as possible. Please read through the following carefully.

FINANCIAL ASSISTANCE POLICY:

Completed Summer Camp Financial Aid applications are due on or before May 1, 2026. We recommend submitting your application as far in advance as possible.

Financial assistance is based on need and available funds. An application does not guarantee that financial assistance will be provided. Also note that financial assistance is NOT provided on a "first come, first served" basis.

If not registering online, please submit a completed program registration form along with the non-refundable deposit for each program that you wish to register your child(ren) for. Your deposit will be applied to your final program balance.

If you are awarded any other financial assistance through any other funding source, your financial assistance award will be based on the balance of your fees after your outside funding has been deducted.

Note that if your application for financial assistance is not successful, we will be happy to arrange a payment plan with you that works within your budget. You will be responsible for payment in full.

A current Club Membership is required to attend Watertown Boys & Girls Club's programs, including school vacation programs and summer camp. Memberships are \$25.00 for the year (September–August) and the membership fee cannot be waived.

You will be notified regarding decisions on financial assistance by email **by May 15, 2026**. Failure to pay balance on time will result in the forfeiture of both your child's enrollment in the program and your financial assistance.

We are a privately funded organization with limited resources. In order for us to provide financial assistance to our Members, we rely on donations from our generous Club supporters. Please know that we receive a significant number of requests for assistance and we do our best to distribute this assistance to best support all families that apply and qualify. We apologize if we are unable to provide all or any of the financial assistance requested but ask for your understanding in this matter.

All financial assistance information is confidential.

Please submit this completed financial assistance application by mail or email to:

**Watertown Boys & Girls Club
25 Whites Ave, Watertown MA 02472
Email: info@watertownbgc.org**

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FINANCIAL ASSISTANCE APPLICATION



**WATERTOWN
BOYS & GIRLS CLUB**

ALL INFORMATION MUST BE FILLED IN COMPLETELY IN ORDER TO BE PROCESSED

DATE: ___/___/___ Member's Name (s): _____ Age _____ Sex _____

Birthday: ___/___/___ _____ Age _____ Sex _____ Birthday:

___/___/___ _____ Age _____ Sex _____ Birthday: ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Parent or Guardian Name: _____

E-MAIL ADDRESS:

REQUIRED—FAMILY CONTRIBUTION CALCULATION:

Please tell us the amount you are able to contribute:

Total Balance Due by family prior to financial aid:

Total amount family can afford to contribute:

**WE ARE UNABLE TO PROCESS INCOMPLETE FORMS.
PLEASE ATTACH THE FOLLOWING**

At a minimum, you must furnish copies of the following applicable documents:

(1) Verification of your current income in the form of a pay stub or letter from your employer

verifying your current salary for each working parent/guardian.

(2) If you have additional information which you feel is pertinent to your request for financial assistance, please include that also. For example, statements of how the assistance will benefit your child and/or family's special circumstances. Supportive data from other agencies or professionals can be pertinent to your application.

(3) If providing these documents is a challenge please contact Gary Beatty at gbeatty@watertownbgc.org to discuss alternative solutions.

ADDITIONAL DOCUMENTS MAY BE REQUIRED

The above information is, to the best of my knowledge, true and accurate. I understand that misinformation may result in my disqualification from this program.

Signature _____

Date _____

GREAT FUTURES START HERE

INCOME (1)

Name: Please list each member of household (including yourself)	Date of Birth	Relationship to Applicant (i.e. Member's parent, grandparent, etc.)	School/ Occupation	Employer	Amount of Monthly Wages
1. 2. 3. 4. 5.					
TOTAL WAGES					

INCOME (2)

Sources of Income (Please list all sources of income, including A.F.D.C., Grants, Social Security, Veteran's Aid, Unemployment, Child Support, Rental Income and any other income. Please indicate if this income is per week, bi-weekly, or per month. (Please attach additional documents if needed).

1.		
2.		
3.		
TOTAL INCOME		

TOTALS:		
Income (1)	+	
Income (2)	+	
Expenses	-	
Net Monthly Income:	=	

EXPENSES		
Rent		
Utilities Medical Food		
Car Other Credit Card		
Payments		
TOTAL EXPENSES		

The above information is, to the best of my knowledge, true and accurate. I understand that misinformation may result in my disqualification from this program.

Signature _____

Date _____

Please send completed form and documents to info@watertownbgc.org