



FINANCIAL AID PACKET 2018

Spring/Summer 2018

Dear Parent/Guardian:

Now is the time to plan for your child or children's camp experience. If you think you may need financial assistance for any of the Gladys Allen Brigham Community Center's summer programs, please follow these steps:

1. Complete a registration packet for whichever Brigham Center summer program you decide, (Camp Stevenson-Witawentín or ABC School Age Enrichment Summer Program) and this Financial Aid packet. Additional forms are available at the main office. They are color coded, so please make sure you have the right colors.
 2. Arrange an appointment with Sarah Gillooly the Camps Director to discuss your request for aid. **Appointments are scheduled by calling Sarah at 413-442-5174 ext. 17, or emailing sarahg@brighamcenter.org**
- **Please keep in mind that financial assistance is only given for a maximum of 2 weeks.**
Depending on how many requests we receive and the amount of funds we have, we may be able to give more than two weeks but there is no guarantee beyond two weeks. This way we are able to allow as many campers as possible the opportunity to attend our summer programs. Also, we do not give scholarships or free weeks, you will be required to pay something, based on a sliding scale, and it could be anywhere from \$20-\$125/wk. If you wish to register for more than the two weeks that were approved at a financial aid rate, then you will be charged a private rate of \$185.00/wk for Camp Stevenson-Witawentín or the ABC Summer Enrichment Program, or \$120 for the Counselor in Training (CIT) Program. If you have a special consideration then it can be discussed with the Camp Director. We use the same guidelines as the City of Pittsfield, for determining income and eligibility based on gross annual income and size of household.

Please bring the following documentation/information to your appointment. Your financial aid packet will not be processed without it in your file.

- Verification (proof) of income *for all income earners living in your household* (pay stubs, unemployment stubs, Food Stamps/TANF memo, SSI memo, child support statements etc.)
- Completed registration forms for summer program that your child is attending, including health forms and other agency specific information
- Completed Financial Aid form this blue packet (hard copy) with all information completed.
- Deposit and registration fees where applicable. You will be asked to pay a deposit to guarantee your camper's slot in the program. The deposit is 50% of the total balance plus \$25 registration fee. Payment plans may be made with Barbara Astorino our Business Manager.
- If you need help or have any questions about the required paperwork, please ask.

Sincerely,
Sarah T. Gillooly
Camp Director
sarahg@brighamcenter.org
413-442-5174 ext. 17

**GLADYS ALLEN BRIGHAM COMMUNITY CENTER
REQUEST FOR FINANCIAL ASSISTANCE FOR SUMMER 2018**

Please select which summer program you are requesting aid for:

Camp Stevenson- Witawentin Girls Day Camp	Camp Stevenson- Witawentin CIT Program	ABC School Age Enrichment Summer Program

Please answer all questions that apply to you. Mark N/A (not applicable) for those that do not.
Please fill out carefully and accurately.

PARENT/GUARDIAN _____

ADDRESS _____
street city state zip

HOME PHONE _____ CELL PHONE _____

PLACE OF BUSINESS _____ WORK PHONE _____

CHILD or CHILDREN ATTENDING CAMP: (List names and ages in space provided below)

Name(s)	Age(s)
_____	_____
_____	_____
_____	_____
_____	_____

Total people living in your household? _____

Have you ever had financial aid for camp before? _____ When & Where? _____

How were you referred to us for financial aid? _____

How will your family benefit from receiving financial aid for camp tuition? _____

How much can you pay towards camp tuition and membership fee (where required)? _____

Is your family currently eligible for Free or Reduced Lunch with the Pittsfield Public Schools? Yes No Free _____ Reduced _____
 Which school do they attend? _____

Your total gross wages per week? _____ Are you paid weekly or bi-weekly _____ all other income** _____

****Income from any other sources (child support, food stamps, SSI, alimony, spouse salary, etc., or from any other income earners contributing to your household)**

Signature Parent/Guardian _____

Date _____