



**BOYS & GIRLS CLUB
OF GREENWICH**

Discounted Camp Fees

BGCG is committed to making summer camp affordable for all Greenwich Residents. Current members can apply for a discounted fee based on family income. To be eligible for a discounted fee, a family must make below the following income thresholds:

Income Eligibility Chart

Family Size	Monthly Income	Annual Income
2	\$4355	\$52,260
3	\$5490	\$65,880
4	\$6625	\$79,500
5	\$7760	\$93,120
6	\$8895	\$106,740
7	\$10,030	\$120,360
8	\$11,165	\$133,980

To apply for a Discounted fee the following requirements must be met:

1. Child must be a BGCG member or qualified to become a member. (No discount is offered on membership fees)
2. Household income must be at or below the income limits listed above
3. A completed Application for Discounted Camp Fees must be submitted along with appropriate income documentation (Please refer to form for a list of acceptable documentation). Incomplete will not be considered.

If you are awarded a discounted fee, you may register for the weeks of camp that you would like to attend. Spaces are available on a first come, first served basis.



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Application for Discounted Fees for Camp

Camper's Name 1. _____ DOB: _____
2. _____ DOB: _____
3. _____ DOB: _____

Additional Campers (please list name and DOB) _____

Current Member Yes No

Town Resident Yes No

Address _____ City/State/Zip _____

Parent 1 Name _____ Parent 1 Yearly Income _____

Parent 2 Name _____ Parent 2 Yearly Income _____

Total Family Income \$ _____

Phone Number _____ EMAIL _____

Proof of income Please provide one of the following:

- 2022 Tax Returns for all adults in the household (preferred)
- 2021 Tax Returns for all adults in the household with 1 month of current paystubs for all adults in the home
- A current budget letter detailing any benefits received (i.e. Unemployment Compensation, SSI, SSDI, Free or Reduced Lunch, TANF benefits)

Other People Living in the Household

Name	DOB	SCHOOL/OTHER

Do you receive help from the following:

Care 4 Kids? Yes No Not Eligible Amount _____
Dept of Human Services? Yes No Not Eligible
Person to Person? Yes No Not Eligible
Child Support Yes No NA Amount _____

I certify that the above information is true and complete. I understand that any willful misstatement will be grounds for disqualification.

Signature _____ Date _____

Please contact Megan Sweeney msweeney@bgcg.org for any questions