

**BOYS & GIRLS CLUBS OF THE EAST VALLEY
FINANCIAL ASSISTANCE APPLICATION**

F1213 2/1/2009

FALSIFICATION OF ANY INFORMATION WILL RESULT IN A PERMANENT DISQUALIFICATION FOR ASSISTANCE

Incomplete applications will not be processed. Processing will take 3 days so we may verify income.

GENERAL INFORMATION:

Child's Name: _____ Age: _____ Birth Date: _____

Child's Name: _____ Age: _____ Birth Date: _____

Child's Name: _____ Age: _____ Birth Date: _____

Street Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____ Cell: _____ E-mail: _____

SUPPORT INFORMATION:

List all persons who provide a source of income for this child, including parents, stepparents, grandparents, other relatives or any other provider or guardian. Attach a copy of your 1040 Tax Return.

1. Name: _____ Relationship: _____ Phone: _____

Place of employment: _____ Phone: _____

Gross Income: \$ _____ Weekly Bi-Weekly Semi-Monthly Monthly Other _____

2. Name: _____ Relationship: _____ Phone: _____

Place of employment: _____ Phone: _____

Gross Income: \$ _____ Weekly Bi-Weekly Semi-Monthly Monthly Other _____

OTHER INCOME:

List all other sources of income each month and attach a copy of any determination letter or letters to substantiate.

Social Security \$ _____ Child Support \$ _____ Unemployment \$ _____

Assistance \$ _____ Case # _____ Case Worker's Name & Phone: _____

Food stamps \$ _____ Other _____ \$ _____ Other _____ \$ _____

TOTAL INCOME FROM ALL SOURCES:

Total gross **monthly** income for this family: \$ _____ Number of people in this household: _____

Number of working adults in household: _____

Total gross **yearly** income for this family: \$ _____ Number of children in this household: _____

OTHER INFORMATION:

Has this child attended the Boys & Girls Club before? No Yes If yes, when/where?: _____

Is there any other information you want us to know about that might help our determination?:

OFFICE USE ONLY:

Branch: _____ Person determining assistance:

Date: _____ Signature of person above:

ASSISTANCE CRITERIA:

- ① Assistance is always based on a percentage of the rates for services.
- ② Assistance is always based upon need and awarded according to the most recent scale for low and moderate incomes.
- ③ Assistance is also always based on the availability of funds.

ASSISTANCE DETERMINATION:

Assistance Granted: Yes No, we have insufficient funds for this particular degree of need.
 No, incomplete application
 No, incorrect information provided on the application

Type of Assistance Granted (examples would be: summer session, summer weekly, late hours, early hours, spring session, winter session, intersession, basketball, sports leagues, field trips, membership, etc.):

Type: _____ Normal Rate: \$ _____ %: _____ Rate Granted:\$

Type: _____ Normal Rate: \$ _____ %: _____ Rate Granted:\$

Type: _____ Normal Rate: \$ _____ %: _____ Rate Granted:\$

Type: _____ Normal Rate: \$ _____ %: _____ Rate Granted:\$

Type: _____ Normal Rate: \$ _____ %: _____ Rate Granted:\$

Type: _____ Normal Rate: \$ _____ %: _____ Rate Granted:\$

The Positive Place For Kids



BOYS & GIRLS CLUBS
OF THE EAST VALLEY