

Financial Assistance Application



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**BOYS & GIRLS CLUBS
OF SAN DIEGUITO**

Please take a moment to review the procedures below:

Participants will need to reapply for financial assistance on an annual basis.

Free/Reduced Lunch:

If you qualify for “Free” or “Reduced” lunch program please only fill out the entire packet and provide proof of qualifying.

Free Lunch Program = 75% reduction in fees
Reduced Lunch Program = 50% reduction in fees

*The Free/Reduced rate does not apply to all Boys & Girls Clubs of San Dieguito programs. Please contact your Program Director for more information.

Financial Assistance Applicants:

If you are requesting additional assistance or you do not qualify for “Free or Reduced Lunch” please complete the entire application and provide the following:

- Tax return (include W2), most recent pay stub(s), last two months bank statements for all responsible legal guardians for processing. Incomplete applications cannot be processed.
- Applicants may be required to interview with the Financial Assistance Committee at the discretion of the Boys & Girls Clubs of San Dieguito.
- Proof of income will be verified and compared to the Federal Poverty Guidelines as set for San Diego County.

If you have any questions, please do not hesitate to call the Boys & Girls Clubs of San Dieguito at (858) 755-9371.

Thank you,



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Member Information

Last Name		First Name	
Which program/s are you enrolling your child into:			Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Athletics <input type="checkbox"/> Aquatics <input type="checkbox"/> YAA <input type="checkbox"/> CHL <input type="checkbox"/> CVMS <input type="checkbox"/> CAMPS <input type="checkbox"/> ASP (mark one) <input type="checkbox"/> Del Mar <input type="checkbox"/> Harper <input type="checkbox"/> Griset <input type="checkbox"/> LC <input type="checkbox"/> Allred <input type="checkbox"/> Polster <input type="checkbox"/> OK			Check one <input type="checkbox"/> Male
			Birth Date: _____
Do you qualify for:	<input type="checkbox"/> Reduced Lunch Program <input type="checkbox"/> Free Lunch Program		*Provide verification with application

Parent Information (We require both parent's information)

Parent 1 Name: Gender (Please circle): Male Female	Parent 2 Name: Gender (Please circle): Male Female
Address	Address
City, State, Zip	City, State, Zip
Contact Phone:	Contact Phone:
Parent 1 Email:	Parent 2 Email

Household Information

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Number of Adults:	Number of Children:
Who has custody: <input checked="" type="checkbox"/> Check one <input type="checkbox"/> Both <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Other *(explain) _____	*Must provide legal documentation if a parent has restricted parental rights.

Income Information

Parent 1 Occupation:	Employment Information: (Co. name, address and phone #)	Parent 1 Annual Income:
Parent 2 Occupation:	Employment Information: (Co. name, address and phone #)	Parent 2 Annual Income:

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Other Income: (public assistance, child support, social security, alimony, etc.)	Families Total Gross Income: \$
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Extenuating Circumstances

<p>Please state any special circumstances that may qualify you for assistance.</p> <p>*Attach a separate piece of paper should you require more space.</p>	
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PROGRAM	WHAT I WILL PAY	REQUESTED ASSISTANCE
	\$	\$
	\$	\$

Are you willing to volunteer your time in return for a reduction of fees? Yes No

I am submitting income verification with my application for financial assistance and certify that the above information is true and complete to the best of my knowledge.

Print Name:	Signature:	Date:
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