

Financial Assistance Application



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**BOYS & GIRLS CLUBS
OF SAN DIEGUITO**

Financial Assistance Application

Applicants are required to reapply for financial assistance on an annual basis. Please complete an application for each child who is requesting assistance.

Free/Reduced Lunch:

If you qualify for “Free” or “Reduced” lunch program please complete the entire application and provide a copy of the school district lunch approval letter for verification.

Free Lunch Program = 60% reduction in fees

Reduced Lunch Program = 35% reduction in fees

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

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

- Tax return (include W2), two 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.

Please allow 5-7 business day for processing. Incomplete applications will be returned and will delay processing time. Upon approval you will receive an email which states your awarded amount and instructions for completing the registration process for your specific program.

If you have any questions please do not hesitate to contact the Boys & Girls Clubs of San Dieguito at (858) 755-9371 and request to speak with the department for which you are applying.

Thank you,



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Applicant Information

Last Name		First Name	
Which program/s are you enrolling your child into: <input type="checkbox"/> Athletics <input type="checkbox"/> Aquatics <input type="checkbox"/> BullDogs Basketball <input type="checkbox"/> CHL <input type="checkbox"/> CVMS <input type="checkbox"/> Youth Arts Academy <input type="checkbox"/> After School Programs (mark one location) __ Del Mar __ Harper __ Griset __ La Colonia __ Allred __ Polster __ Ocean Knoll			Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female 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 (One) Name:	Parent (Two) Name:
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 type="checkbox"/> Both <input type="checkbox"/> Other *(explain) <input checked="" type="checkbox"/> Check one <input type="checkbox"/> Parent One _____ <input type="checkbox"/> Parent Two _____	*Must provide legal documentation if a parent has restricted parental rights.	

Income Information (Tax return, include W2, most recent pay stub(s) & last two months bank statements)

Parent One Occupation:	Employment Information: (Co. name, address and phone #)	Parent One Income:
Parent Two Occupation:	Employment Information: (Co. name, address and phone #)	Parent Two Income:
Other Income: (public assistance, child support, social security, alimony, etc.)		Family's 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(S) <small>(Day Camp/Specialty Programs)</small>	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: