

2021 Summer Adventure Camps Financial Assistance Application



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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 “Member Information” on page 2 and sign/date page 3, along with proof of qualifying.

Free Lunch Program = 60% reduction in fees

Reduced Lunch Program = 35% reduction in fees

***If you are requesting additional assistance or you do not qualify for “Free or Reduced Lunch” please continue to complete the entire application.**

Financial Assistance Applicants must complete the application and submit 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) 720-2180.

Thank you,



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Camper Information

Last Name		First Name	
Which program/s are you enrolling your child into: Day Camp Location: <input type="checkbox"/> Polster <input type="checkbox"/> Harper <input type="checkbox"/> La Colonia <input type="checkbox"/> Griset			Please state gender preference:
Specialty Camp: _____			Date of Birth: _____
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:

***If you qualify for the Reduced or Free Lunch programs and you do not want additional assistance you do not need to continue application.**

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) ✓ 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:

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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
	\$	\$
	\$	\$

2021 Summer

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

Adventure Camps Financial Assistance Application

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



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complete to

Print Name:	Signature:	Date:
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