

Boys & Girls Clubs of San Dieguito Financial Assistance Application



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START HERE.**



**BOYS & GIRLS CLUBS
OF SAN DIEGUITO**

Please take a moment to review the procedures below:

Financial Assistance Application Applicants are required to reapply for financial assistance on an annual basis. Please complete an application for each child requesting financial assistance.

The state of California has approved all children for free lunch regardless of income status. We will no longer accept a free/reduced lunch letter as proof of financial hardship.

Please complete the entire application and include documentation to show financial hardship and the need for financial assistance. **Submit at least 2 different types of documentation to support your request.** Examples of acceptable documentation:

- Most recent tax return (include W2 for all responsible legal guardians)
- Two most recent pay stub(s) for all responsible legal guardians
- Last two months bank statements for all responsible legal guardians
- Documentation providing proof of low-income eligibility such as; Medical, SNAP/EBT/CAL-FRESH, Unemployment Benefits, etc.
- Any additional documentation or information that will help us understand your current financial situation.

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. Please contact your specific program manager with any questions.



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Box 1: Youth Member Information (Please provide another application and fill in Box 1 for each additional child.)

Youth Member Last Name:		First Name:	
Select the program/s you are requesting assistance: ASP(After School) Program: <input type="checkbox"/> Allred <input type="checkbox"/> Del Mar <input type="checkbox"/> Griset <input type="checkbox"/> Harper Teen Center <input type="checkbox"/> La Colonia <input type="checkbox"/> Ocean Knoll <input type="checkbox"/> Polster Specialty Program: <input type="checkbox"/> Aquatics <input type="checkbox"/> Athletics (BIG 8) <input type="checkbox"/> CHL <input type="checkbox"/> Bulldogs Basketball <input type="checkbox"/> CVMS <input type="checkbox"/> Youth Arts Academy (YAA) <input type="checkbox"/> Summer Adventure Camps			<u>Please state gender preference:</u> <u>Member Date of Birth:</u>

Box 2: Parent Information (We require information for parent or legal guardian)

Parent/Guaridan (One) Name:	Parent/Guardian (Two) Name:
Address	Address
City, State, Zip	City, State, Zip
Contact Phone & Email:	Contact Phone & Email:

Box 3: 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 One <input type="checkbox"/> Parent Two <input type="checkbox"/> Other *(explain)	_____ _____	*Must provide legal documentation if a parent has restricted parental rights.

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Box 4: Income Information

Parent/Guardian (One) Occupation:	Employment Information: (Co. name, phone #)	Parent/Guardian One Income: \$
Parent/Guardian (Two) Occupation:	Employment Information: (Co. name, phone #)	Parent/Guardian Two Income: \$
Other Income: (public assistance, child support, social security, alimony, etc.)		Family's Total Gross Annual Income: \$

Box 5: Extenuating Circumstances

Please state any special/extenuating circumstances that may qualify you for financial assistance. Please continue on back if more space is needed.

NAME of PROGRAM(S)	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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