

BOYS & GIRLS CLUB OF LA PLATA COUNTY

FINANCIAL ASSISTANCE APPLICATION

FALSIFICATION OF ANY INFORMATION WILL RESULT IN A PERMANENT DISQUALIFICATION FOR ASSISTANCE
INCOMPLTE APPLICATIONS WILL NOT BE PROCESSED. Processing will take 3 days so we may verify income.

GENERAL INFORMATION

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

Street Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____ Date: _____

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 the most recent pay stub.

1. Name: _____ Relationship: _____ Phone: _____

Place of employment: _____ Phone: _____

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

2. Name: _____ Relationship: _____ Phone: _____

Place of employment: _____ Phone: _____

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

3. Name: _____ Relationship: _____ Phone: _____

Place of employment: _____ Phone: _____

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

4. Name: _____ Relationship: _____ Phone: _____

Place of employment: _____ Phone: _____

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 \$ _____

Welfare \$ _____ Case # _____ \$ _____ Other _____ \$ _____

TOTAL INCOME FROM ALL SOURCES:

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

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

OTHER INFORMATION:

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

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

OFFICE USE ONLY:

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: membership, summer session, field trips, etc.):

Type: SDC DAY _____ Normal Rate: \$ ~~25~~ 25 % _____ Rate Granted: \$ _____

Type: SDC WEEK _____ Normal Rate: \$ ~~85~~ 85 % _____ Rate Granted: \$ _____

Type: SDC SESSION _____ Normal Rate: \$ ~~125~~ 125 % _____ Rate Granted: \$ _____

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

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

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



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