



## Financial Assistance Application

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**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 Northwest San Diego County. 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.

# Financial Assistance Application

## Box 1: Youth Member Info (Provide another application and fill in Box 1 for each additional child).

Youth Member Last Name:	First Name:
Gender preference:	Member Date of Birth:
<p>Select the program(s) you are requesting assistance for:</p> <p><b>After School Program (ASP):</b></p> <p> <input type="checkbox"/> Allred Clubhouse.    <input type="checkbox"/> Del Mar Clubhouse.    <input type="checkbox"/> Griset Clubhouse  <input type="checkbox"/> Harper Teen Center   <input type="checkbox"/> La Colonia Clubhouse    <input type="checkbox"/> Ocean Knoll Clubhouse  <input type="checkbox"/> Polster Clubhouse    <input type="checkbox"/> Oceanside Clubhouse         </p> <p><b>Specialty Programs:</b></p> <p> <input type="checkbox"/> Aquatics &amp; RSD Swim Team    <input type="checkbox"/> Athletics &amp; BIG 8 Middle School Sports  <input type="checkbox"/> Centers For a Healthy Lifestyle (CHL)    <input type="checkbox"/> Bulldogs Basketball  <input type="checkbox"/> Carmel Valley Montessori School (CVMS)    <input type="checkbox"/> Youth Arts Academy (YAA)  <input type="checkbox"/> Summer Adventure Camps         </p>	

## Box 2: Parent or legal guardian Information (required)

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



### 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

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

**Signature:** 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:	Requested Date:
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**\*\* For Administrative Use Only \*\***

\_\_\_\_\_ Date Application Received      Expiration Date: \_\_\_\_\_      Y ( ) N ( ) Financial/Income Info  
 \_\_\_\_\_ Scholarship Award %      \_\_\_\_\_ Processed & Approved by  
 \_\_\_\_\_ Parent Contacted      \_\_\_\_\_ Entered in F.A. tracker and Traxs

