



## Financial Assistance Application Information & Guidelines

The Boys & Girls Clubs of Carson has financial assistance available for qualifying applicants. We require that all financial assistance applications be complete when applying for financial aid. Applications take 1-2 weeks for approval by the Unit Director.

- Scholarship applications must be complete before they are submitted and include all necessary paperwork. Scholarship applicants must submit the following to be considered:
  - **COPIES OF 3 most recent paychecks and 2017 Federal Tax Return**
- If primary documentation is not available, families can submit the following:

Source of Income	Documentation
<b>Salary (PRIMARY DOCUMENTATION NEEDED)</b>	<ul style="list-style-type: none"> <li>• Copies of last 3 paychecks and 2017 Federal Income tax return</li> <li>• Employment and salary documentation form and Federal income tax returns</li> </ul>
<b>SSI/SSD- Supplemental Security Income/Disability</b>	<p><i>(the following information must not be older than six months)</i></p> <ul style="list-style-type: none"> <li>• Copy of applicant's monthly award check</li> <li>• Form SSA-2458 (request from local Social Security Office)</li> <li>• Copy of applicant's award letter</li> </ul>
<b>Aid for Families with Dependent Children (AFDC)</b>	<ul style="list-style-type: none"> <li>• Award letter stating the amount of applicant's benefits</li> <li>• Copy of applicant's most recent check</li> <li>• Written statement from Caseworker stating the applicant's benefit amount</li> </ul>
<b>Pension</b>	<ul style="list-style-type: none"> <li>• Copy of applicant's most recent pension check</li> <li>• Copy of pension award letter showing monthly benefits</li> </ul>
<b>Alimony/Child Support</b>	<ul style="list-style-type: none"> <li>• Copy of applicant's weekly or monthly check</li> <li>• Court decree establishing payments, (divorce papers)</li> </ul>
<b>Foster Child</b>	<ul style="list-style-type: none"> <li>• Copy of applicant's weekly or monthly check</li> </ul>
<b>Unemployment Insurance</b>	<ul style="list-style-type: none"> <li>• Copy of award notice stating applicant's benefits</li> <li>• Copy of unemployment checks</li> </ul>
<b>Self-Employed Profits</b>	<ul style="list-style-type: none"> <li>• Account of financial records</li> <li>• Most current quarterly income tax return <i>(not older than 6 months)</i></li> </ul>

- Please make a copy of all documents as originals will not be accepted. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

**You will be asked to volunteer your time in return for a reduction of fees.**

**Please check the area where you would be willing to volunteer:**

- ( ) Help put together newsletters      ( ) Deliver flyers to schools  
 ( ) Clerical Work                              ( ) "Done in a Day" Volunteer Projects  
 ( ) Other: \_\_\_\_\_



**BOYS & GIRLS CLUBS  
OF CARSON**

**Financial Assistance Application**

Name of club member(s) 1. \_\_\_\_\_ Age: \_\_\_\_\_  
2. \_\_\_\_\_ Age: \_\_\_\_\_  
3. \_\_\_\_\_ Age: \_\_\_\_\_  
4. \_\_\_\_\_ Age: \_\_\_\_\_

**Support Information:**

List all people who provide a source of income for children listed. As a requirement, validation is required and it is necessary to have complete information for determination. For confirmation, it is required that you **bring a copy of your most recent annual tax filing and a copy of your (three) most recent paychecks.**

**Person 1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Gross income: \$ \_\_\_\_\_ ( ) Weekly ( ) Bi-Weekly ( ) Semi-Monthly ( ) Monthly

**Person 2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Gross income: \$ \_\_\_\_\_ ( ) Weekly ( ) Bi-Weekly ( ) Semi-Monthly ( ) Monthly

**Other income**

Social security \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Total Income from all sources**

Total monthly gross income for this family \$ \_\_\_\_\_ Number of people in the household \_\_\_\_\_  
Total yearly gross income for this family \$ \_\_\_\_\_ Number of people in the household \_\_\_\_\_

**Other information:**

Has your child/children attended the Boys & Girls Club of Carson in the past? ( ) Yes ( ) No  
**Is there any other information you want to share that might help our determination?**

**Applying for:**

SERVICE REQUESTED	WHAT I CAN PAY (weekly)			
<input type="checkbox"/> Transportation - \$20 per child, weekly	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Winter Break - \$75 per child, weekly	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50	Other: _____
<input type="checkbox"/> Summer Camp - \$75 per child, weekly	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50	Other: _____

Scholarships are determined by using HUD guidelines

**FOR OFFICE USE ONLY Date:** \_\_\_\_\_

SERVICE REQUESTED	2018-2019 Transportation	2018 Winter	2018 Summer
Parent Contribution	\$ _____	\$ _____	\$ _____
Expiration Date	Application approved by: _____		
Reason for Modification/Decline of Application	_____		