



Dear Financial Assistance Applicant:

The Boys & Girls Club of Pasadena has financial aid available for all qualifying members. We require that a Financial Assistance Application be completed when applying for financial aid. The application takes 1-2 weeks for approval by a Branch Director. The Boys & Girls Club of Pasadena provides more than \$150,000 in financial aid every year.

Please take a moment to review the procedures below:

1. Applicants should complete the financial assistance application and submit it with their tax return, last two pay stubs, and/or other documentation of income for processing as well as a valid I.D. Your application cannot be processed until all the necessary forms and documents are received.
2. Applicants may be asked to interview with the Branch Director.
3. All documentations of income will be verified and compared to the median household income for Los Angeles County and federal definitions of low income (80% of median income) and very low income (30% of median income).
4. Participants will need to reapply for financial assistance on a school year basis.
5. You may be eligible for a full scholarship between May 1st and May 31st. Afterwards, scholarship amounts will be determined on a case-by-case basis.

If you have any questions, please do not hesitate to call the Boys & Girls Club of Pasadena's Administrative Office at (626) 449-9100.

Thank you,

The Boys & Girls of Pasadena Staff

CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION

Parent's Name: _____ Date: _____

Employer: _____ Occupation: _____

Address: _____
Street Address City State Zip

Cell Phone: _____ Email: _____

Household Size: Number of Adults: _____ Number of Children: _____

Explain why you would like to be considered for financial assistance at the Boys & Girls Club of Pasadena (include special circumstances):

Income Eligibility Special Circumstance _____
(Please Explain) _____

Name(s) of Club member(s) applying for financial assistance: *(Please add additional sheets if you require additional space)*

1. _____ D.O.B. ___/___/___ 3. _____ D.O.B. ___/___/___

2. _____ D.O.B. ___/___/___ 4. _____ D.O.B. ___/___/___

Please indicate specific program for which you need financial assistance and what you feel you can pay:

SERVICE REQUESTED	WHAT CAN I PAY?
Enrollment Membership <i>(\$100/ July 1, 2018 – May 31, 2019)</i>	<input type="radio"/> \$50 <input type="radio"/> \$35 <input type="radio"/> \$25 <input type="radio"/> Other Amount: _____
Summer Program <i>(\$20/ week – 8 weeks)</i>	<input type="radio"/> \$15/week <input type="radio"/> \$10/week <input type="radio"/> \$5/week
Transportation <i>(\$50/month)</i>	<input type="radio"/> \$40 <input type="radio"/> \$35 <input type="radio"/> \$25
Swim Lessons <i>(\$80/session - *some sessions will be \$40)</i>	<input type="radio"/> 50% Scholarship
Music Lessons <i>(\$60/month)</i>	<input type="radio"/> 50% Scholarship

Documented Yearly Gross Income: \$ _____

Provide your (1) most recent tax return or (2) last two pay stubs and a bank statement, or (3) other proof of income. *Please also include any other income: public assistance, child support, social security, alimony, interest, rent, etc.*

List any extraordinary family expenses (medical, alimony, loans, educational, etc.)

By type and monthly amount:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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

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

- | | |
|---|--|
| <input type="radio"/> Help members during homework time | <input type="radio"/> Clerical Work |
| <input type="radio"/> Volunteer during sports programs | <input type="radio"/> "Done in a Day" Volunteer Projects |
| <input type="radio"/> Deliver flyers to schools | <input type="radio"/> Other: _____ |

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

Printed name of Parent/Guardian #1 _____

Signature of Parent/Guardian #1 _____ Date ____ / ____ / ____

Printed name of Parent/Guardian #2 _____

Signature of Parent/Guardian #2 _____ Date ____ / ____ / ____

Please allow two weeks to process your application