

Dear Financial Aid Applicant:

The Boys & Girls Clubs of San Dieguito has financial aid for qualifying applicants. The Executive Board of Directors, as well as the Boys & Girls Club staff, strongly supports this program. Thus, we stand by our motto, "No child is ever turned away" because of inability to pay.

Please take a moment to review the procedures below:

1. Applicants must complete the financial aid application and submit it with copies of their tax return and copies of their last two pay stubs for processing. Incomplete applications cannot be processed or approved.
2. Applicants may be required to interview with management staff at the discretion of the Boys & Girls Clubs of San Dieguito.
3. Proof of income will be verified and compared to the Federal Poverty Guidelines as set for San Diego County.
4. Participants will need to reapply for tuition assistance on a calendar year basis or as requested by the Boys & Girls Clubs of San Dieguito.

If you have any questions, please contact me at 858.755.9371 or at bwilson@bgcsdto.org.

Thank you,

Brett Wilson
Vice President of Operations



Financial Aid Application

Date _____

Number of adults (over 18) in household _____ Number of children in household _____

Applicant's Name _____ Home Phone _____

Address _____ City, State, Zip _____

Employer _____ Occupation _____

Work Phone _____ Cell Phone/Pager _____

Assistance is being requested on behalf of the following children:

- | | | |
|----------|-----------|---------------------------|
| 1. _____ | Age _____ | Birth Date ____/____/____ |
| 2. _____ | Age _____ | Birth Date ____/____/____ |
| 3. _____ | Age _____ | Birth Date ____/____/____ |
| 4. _____ | Age _____ | Birth Date ____/____/____ |

Please indicate specific program for which you need financial assistance & what you can pay.

Service Requested	What I can pay	Requested Financial Aid
Middle School Sports Sport: _____ Fee: _____ School: _____	\$	\$
After School Program Program: _____ Fee: _____	\$	\$
Leagues (i.e. Snuffy, Fastbreak) Name: _____ Fee: _____	\$	\$
Camps (Spring Break, Summer, etc.) Name: _____ Fee: _____	\$	\$
Other Specify: _____ Fee: _____	\$	\$

Explain why you would like to be considered for financial aid:



Financial Aid Application

1. Monthly gross income from all wages and salaries \$ _____
2. Other income (public assistance, child support, social security, alimony, rent, etc.) \$ _____
3. What was your family's total gross income last year? \$ _____

Please attach a copy of your most recent Federal Income Tax Form 1040 and your last two (2) pay stubs at the time you submit your application. **Your application cannot be processed until all necessary forms are received.**

List any extraordinary family expenses (medical, alimony, loans, educational, etc.) by type and monthly amount. Attach a separate piece of paper should you require more space.

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

Marital Status: Single Married Divorced Widowed

Ethnicity: Caucasian African American Asian Hispanic
 Native American Pacific Islander Other: _____

Would you be willing to volunteer your time in return for a reduction of fees? yes no

Please check the areas in which you would be willing to volunteer:

Sports leagues Delivering flyers to schools
 Creating newsletters Other (please describe) _____

I am submitting income verification with my application for financial assistance and attest that the above information is true and correct.

Signature of Applicant

Date

.....
Staff Use Only

Reviewed/Approved By: _____

Date _____

Financial Aid Received by Applicant: \$ _____