



**BOYS & GIRLS CLUBS**  
OF GREATER CONEJO VALLEY

**CONFIDENTIAL REQUEST FOR FINANCIAL ASSISTANCE APPLICATION**

**PLEASE RETURN COMPLETED APPLICATION AND REQUIRED PAPERWORK TO YOUR BGCVCV CLUB SITE.**  
Please refer to details on the other side of this form for documents required when submitting this application.

**SECTION A: CHILD(REN) WHO LIVE IN THE HOUSEHOLD (EVEN IF NOT ATTENDING CLUB)**

STUDENT/CHILD INFORMATION				FOOD STAMP (FS), CALWORKS, CALFRESH, CASH-AID, KIN-GAP, FDPIR, FREE/REDUCED LUNCH OR RELATED BENEFITS	FOSTER CARE
Last Name	First Name	School Name	Grade Entering in Fall	If A Child or Family Member Has Any of These Benefits, Please Share Each Type of Benefit	If In Foster Care, Enter Child's Monthly Personal-Use Income Per Child
1.					
2.					
3.					
4.					
5.					

**SECTION B: ADULT HOUSEHOLD MEMBERS AND THEIR MONTHLY INCOME (IF ANY)**

(1) **List ALL adult household members**, regardless of income. (2) Indicate amount(s) and source(s) of income for those adult household members with income last month, (3) **Enter any income received last month by/for a child** from full-time or regular part-time employment, SSI, or Adoption Assistance payments; and (4) If amount last month was more/less than usual, enter the usual month.

Full Name	Gross Earnings From Work Before Deductions, Include All Jobs	Pension, Retirement, Social Security	Welfare Benefits, Child Support, Alimony Payments	Any Other Monthly Income
1.				
2.				
3.				
4.				

Additional information you would like the Financial Assistance Committee to know:

**SECTION C: ALL HOUSEHOLDS READ AND COMPLETE THIS SECTION**

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of financial assistance from the BGCVCV and that BGCVCV officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Printed Name of Adult Household Member Signing this Application:	Email Address:	
Signature of Adult Household Member Completing This Form:	Telephone Number:	Date:



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**FINANCIAL ASSISTANCE REQUIREMENTS (Applies to All Financial Aid Requests):**

- **Complete the other side of this form completely.**
  - List all members of the household on the other side of this form
  - List total income for all members of the household on the other side of this form
  - Sign and date Section C
- **Please submit the following two types of documents:**
  1. **Submit copies of the previous year's tax returns** (pages including information on all family members, gross annual income), **as applicable.** \*
  2. **Submit proof of most recent form(s) of income. One or more from following list, as applicable:**
    - Proof of earnings from work (Two recent paystubs showing wages, salaries, tips, income from self-owned business)
    - Proof of public assistance payments (welfare, cash aid, food stamps/EBT/WIC)
    - Proof of child support, alimony payments
    - Proof of unemployment income, workers' compensation, disability, pension, retirement, social security payments, SSI, etc.
    - Proof of any other form of income (investment income, royalties, rental income, contributions from persons not living in the household)
    - Letter from employer certifying weekly or monthly income (if paid in cash)

*\*All relevant documents are required for Financial Assistance consideration. If you have not filed your taxes in the previous two years, please request form 4506-T from your Club Director.*

**INFORMATION REGARDING YOUR CONFIDENTIAL REQUEST FOR FINANCIAL ASSISTANCE**

To apply for the program, families must submit a new 'Confidential Request for Financial Assistance' Application at the start of each school year OR summer camp, depending on registration date. Please review the application and be sure to fill in ALL the required information based on your family's situation. The application cannot be approved and may be returned if it contains incomplete eligibility information or insufficient proof of income documentation.

Your family may be eligible for Financial Assistance based on the information we receive from the application. Once approved, you will be notified as to your family's financial aid status. **Your family's financial aid status is confidential** and determined on a case by case basis.

School year program fees are due by the 15<sup>th</sup> of the previous month. Summer camp fees are due the Monday prior to each week or upon registration for specific programs. \$25 late fee per child if paid after the deadline. Late payment of fees may result in loss of financial assistance.

**QUESTIONS:** If you have any questions about the Application or the approval process, please feel free to contact the BGCGCV Branch Director at your Club Site. You may also contact the **BGCGCV Administration Office at (818)-706-0905** for assistance.