BOYS & GIRLS CLUB
OF LAGUNA BEACH

Boys & Girls Club of Laguna Beach Request for Financial Aid

Please provide your most current and up-to-date information for each section so that the club may properly accommodate your request for financial assistance. If accepted, the resulting financial aid will be awarded for the summer period only.

Name of Child/Children: _____

Mother's Name:_____

Father's Name: _____

Address:_____

City:_____ Zip Code:_____

Daytime Phone: ( ) ____ - _____ Evening Phone: ( ) ____ - _____ Email: _____

Children live with: Both parents ___ Mother only ____ Father only ___ Grandparents ___ Other: _____

If other, please specify: _____

*Number of persons in the household: _____

Income information:

With this application, please provide us with the following documents for BOTH parents (without which your consideration for financial assistance will not be accepted):

1. ***Most recent income tax form***
2. ***Most current paycheck stub***
3. ***2 Months Bank Statements***
4. ***Child Support Documents***
5. ***Unemployment/ SSI Benefits***

Father's gross monthly income $_____ (attach most recent income tax form and/or paycheck stub)

Mother's gross monthly income $_____ (attach most recent income tax form and/or paycheck stub)

Other monthly income $_____ such as child support, AFDC, disability, unemployment, etc. (attach a copy of proof)

Rent / Mortgage Monthly Cost: $_____

Reminder: Failure to provide the proper documents with this application may result in revoking of opportunity to receive financial assistance.

I verify that the above information is accurate: _____ Initials

Applicant Signature: _____ Date _____

Relationship to child: _____

Additional Information: _____

_____

****FOR OFFICE USE ONLY****

Authorization signature: _____ Date: _____

- ☐ Pay the September - June registration fee of $125 and financial aid monthly fees
- ☐ Pay the June - August registration fee of $100 and financial aid monthly fees