



**2012/2013 - CONFIDENTIAL REQUEST  
FOR FINANCIAL ASSISTANCE APPLICATION**

PLEASE RETURN COMPLETED APPLICATION AND REQUIRED PAPERWORK TO YOUR BGC/GCV CLUB SITE.

➔ **PROGRAM FEES DUE: 5<sup>TH</sup> OF EACH MONTH**  
\$25.00 Late Fee per child will apply if paid after the 5<sup>th</sup>

- SELECT PROGRAM:**
- 2013 SUMMER CAMP** (805) 493-2917
  - ANDERSON YOUTH CENTER** Site, (805) 493-2917  
1980 E. Avenida de las Flores, Thousand Oaks
  - JOHNSTON BGC Site,** (805) 449-1309  
1450 E. Hillcrest Drive, Thousand Oaks
  - SEQUOIA BGC Site,** (805) 375-5635  
2855 Borchard Road, Newbury Park
  - REDWOOD BGC Site,** (805) 371-4045  
233 W. Gainsborough Road, Thousand Oaks
  - LINDERO BGC Site,** (818) 483-6303  
5844 Larboard Lane, Agoura Hills
  - BGC CLUB CHAPARRAL,** (818) 706-0905  
22601 Liberty Bell Road, Calabasas
  - BGC SPORTS LEAGUES,** (805) 371-4045

The Boys & Girls Clubs of Greater Conejo Valley (**BGC/GCV**) understands the challenges our families might face during these tough economic times. Your family may qualify for Financial Assistance that will help with the 2012-2013 Program Fees.

In order for your family to apply for the program, you must submit a new **'Confidential Request for Financial Assistance' Application** at the start of each school year. Upon qualification, 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 status in the Club's Financial Assistance Program is confidential.** Please review the application and be sure to fill in all of the required information based on your family's situation. The Application cannot be approved and may be returned if it contains incomplete eligibility information.

**QUESTIONS:** If you have any questions about the Application or the approval process, please feel free to contact the BGC/GCV Branch Director at each Club Site. Please turn in your completed 'Confidential Request For Financial Assistance Application' and necessary Financial Assistance Requirements paperwork to your BGC/GCV Branch Director.

**SECTION A: ALL HOUSEHOLDS COMPLETE THIS SECTION**

STUDENT/CHILD INFORMATION				FOOD STAMP (FS), CALWORKS, KIN-GAP, OR FDPIR BENEFITS		FOSTER CARE	
Last Name	First Name	School Name	Grade Entering in Fall	Yes/No	If Yes, Enter Case Number Below:	Yes/No	If Yes, Complete One Application Per Foster Child, Enter Child's Monthly Personal-Use Income
1.							
2.							
3.							
Street Address:				City:		State:	Zip:

**SECTION B: 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	FOR SCHOOL USE ONLY: TOTAL MONTHLY INCOME
1.					
2.					
3.					
4.					
5.					
Additional information that you would like the Financial Assistance Committee to know:					



**FINANCIAL AID REQUEST**

Please complete the  
'Confidential Request for Financial Assistance  
Application' and turn in required proof of income  
to your BGC/GCV Branch Director.

**SECTION C: ALL HOUSEHOLD 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 a BGC/CLV Scholarship and that BGC/CLV 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.

Signature Of Adult Household Member Completing This Form:	Telephone Number:	DATE:
Printed Name Of Adult Household Member Signing This Application:	Street Address:	
City:	State:	Zip:

**THE FOLLOWING ITEMS ARE WHAT YOU NEED TO INCLUDE WHEN SUBMITTING THIS APPLICATION. . .**

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

- Total income for all members of the household.     The previous year's tax returns.
- Most recent form of income (Paycheck Stubs, Social Security, Disability, S.S.I., etc.)

EARNINGS FROM WORK	WELFARE CHILD SUPPORT ALIMONY	PENSIONS RETIREMENT SOCIAL SECURITY	OTHER FORMS OF INCOME
Wages, salaries and tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business.	Public assistance payments, welfare payments, alimony, and child support payments.	Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives.)	Disability benefits; cash withdrawn from savings; interest and dividends; income from estates, trusts, and investments; regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income.

**FOR OFFICE USE ONLY**

Date App/Forms Received:	Household Size:	Household Income:	Percentage Discount Approved:	Amount To Be Paid:
Date of Action:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Determining Official of Financial Assistance Committee:		Parent Notified by:
		Date:	Date:	
If Disapproved, Reason. . .				