

**BOYS & GIRLS CLUBS OF ARLINGTON**  
**Financial Aid Application**

**ALL SPACES MUST BE LEGIBLE & FILLED OUT COMPLETELY WITH ATTACHMENTS BEFORE FINANCIAL AID WILL BE CONSIDERED.**

School Site Location financial aid applications need to be submitted to the Administrative Office and Branch Location financial aid applications need to be submitted to the specific branch location that the child is attending **WITHIN 5 BUSINESS DAYS.**

**Location:** \_\_\_\_\_

Application Information

Parent/Guardian: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please list yourself and all dependents living in the household:

Name	Age	Relation to Parent	School/Employer	Check if attending Club/Site

Total Household Size: \_\_\_\_\_

**MUST SUPPLY PROOF OF MONTHLY FAMILY INCOME FOR ELIGIBILITY**

Two documents will be required if you wish to be considered for aid. The following documents are accepted:

- Last year’s W-2 forms for all employed household members
- Last year’s completed tax forms for all employed household members
- Current pay stub- *dated within the last 30 days*
- Child support
- Rent assistance/ Housing
- Food stamp assistance
- Utility assistance
- Social security assistance
- Any other government or financial support/assistance

**\*\*\*SECTION BELOW MUST BE LEGIBLE AND FILLED OUT COMPLETELY.\*\*\***

**Income is money you get before taxes are taken out. Please estimate each amount below by month:**

Monthly Gross Employment Income: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_

Govt. Assist.: \$ \_\_\_\_\_ Investment: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

**Monthly Total:** \$ \_\_\_\_\_

I certify that the information contained herein is true and correct to the best of my knowledge and that I will notify the Boys & Girls Clubs of Arlington immediately of any changes. I understand that this financial aid is short term and will be reviewed whenever deemed necessary. I understand that any falsification of information, continuous late payments, or NSF's may be grounds for termination of financial aid.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Financial Aid is limited and awarded on a "first-come-first-served" process. Timely and complete submission along with proper documentation is important. Inability to return application and documentation prior to membership cycle may disqualify family for financial support.*

**Additional Information Regarding Family Need**

Outline in space below current family situation which has caused you to apply for this financial aid:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*DISCLAIMER** - *By including accurate information, we will do our best to award you with financial aid. All information will be kept confidential and will only be used for current membership year's approval then processed, secured, and/or disposed of properly.*

**For Administrative Use Only**

Scholarship Amount: \_\_\_\_\_ Process Date: \_\_\_\_\_ By: \_\_\_\_\_  
Parent Called: \_\_\_\_\_ Letter Sent: \_\_\_\_\_ (school site only)  
Entered in System: \_\_\_\_\_  
Manager Signature \_\_\_\_\_