



**BOYS & GIRLS CLUB
OF CYPRESS**

FINANCIAL ASSISTANCE PROGRAM

* Please fill out ALL information listed below. Return the completed application along with a copy of the most recent State or Federal Income Tax Return and a copy of the most recent paycheck stubs for the adults in the household.

Child: _____ Age: _____ Grade: _____ Sex: Male Female

Child: _____ Age: _____ Grade: _____ Sex: Male Female

Child: _____ Age: _____ Grade: _____ Sex: Male Female

Child: _____ Age: _____ Grade: _____ Sex: Male Female

Household Size: (Include **everyone** residing within the home)

Total Number of Children in the Household: _____

Total Number of Adults in the Household: _____

Total Household Size: _____

Do you currently receive **any** form of State/Federal Aid, Food Stamps or Medical Aid? Yes No

Please use the following space to explain any circumstances that might help us understand your financial assistance needs:

DECLARATION:

I agree to supply the Boys & Girls Club of Cypress with any additional information that may be required. I understand that falsification of information will result in removal of discontinuation of service and/or removal of my child from Boys & Girls Club of Cypress programs and/or cancellation of financial assistance.

Signature of Parent/Guardian

Date