



BOYS & GIRLS CLUB OF CYPRESS

FINANCIAL ASSISTANCE PROGRAM

WHO MAY APPLY

Application for Financial Assistance may be made by anyone wishing to participate in a Boys & Girls Club of Cypress program but who are unable to afford the full program costs. Applicants must reside within the service area of the Boys & Girls Club of Cypress.

HOW TO APPLY

Complete this Application for Financial Assistance. All questions must be answered.

Incomplete applications will not be accepted for consideration.

Return the completed application along with the following required documentation:

- (1) A copy of the most recent available State and Federal Income Tax Returns
- (2) Copy of recent paycheck stub
- (3) If applicable, verification of disadvantaged status. The verification may take the form of a medical sticker or card, written confirmation of CalWORKS, AFDC, TANF, Cash Aid or unemployment status.

This application will not be considered unless submitted with the required documentation.

DETERMINATION OF ASSISTANCE

Financial Assistance is granted based on three factors:

- (1) Family Gross Income
- (2) Special Family Circumstances (excessive medical bills, support payments, Etc.)
- (3) Availability of Financial Assistance Funds

Financial Assistance Applications are accepted and reviewed on an ongoing basis.

Families granted Financial Assistance is encouraged to earn a portion of the program fees by volunteering in various Boys & Girls Club of Cypress funding activities.

FURTHER INFORMATION

Boys & Girls Club of Cypress
10161 Moody St.
Cypress, Ca 90630
714-527-2697

Our Mission:

To inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible, and caring citizens.

FALSIFICATION OF INFORMATION MAY RESULT IN THE REMOVAL OF YOUR CHILD FROM BOYS & GIRLS CLUB OF CYPRESS PROGRAMS AND/OR CANCELLATION OF FINANCIAL ASSISTANCE.

Do you currently receive Boys & Girls Club of Cypress Financial Assistance? Yes No

Program for which you are requesting Financial Assistance: School Year Program Summer Program

Child(ren) in Program:

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

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

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

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

Street Address: _____

City: _____ Zip: _____ Home Telephone: () _____

Father's Name: _____

Father's Employer: _____ Telephone: () _____

Mother's Name: _____

Mother's Employer: _____ Telephone: () _____

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: _____

Are adults other than the parents living in the household? Yes No

If yes, please explain:

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

If yes, state which: _____ Case# _____

FINANCIAL INFORMATION:

Income: (Include income from **every** member of the household)

Monthly Gross Wages _____

Monthly Child Support _____

Monthly Alimony _____

Monthly Public Assistance _____

Other monthly income (Describe Below) _____

TOTAL MONTHLY INCOME: _____

Expenses:

Monthly House Payment/Rent _____

Monthly Auto Payment _____

Monthly Credit Card Payments _____

Monthly Child Support Payments _____

Monthly Alimony Payments _____

Monthly Medical Expenses _____

Monthly Insurance Expenses
(Auto, Home, Medical, Life, etc.) _____

Monthly Utilities _____

Monthly Food Expenses _____

Monthly Entertainment, Clothing, etc. _____

Monthly Child Care Expenses _____

Other Monthly Expenses (Describe Below) _____

TOTAL MONTHLY EXPENSES: _____

Notes: _____

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

DECLARATION:

I hereby declare that the information provided in and with this application is accurate. 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 discontinuation of service and/or removal of my child from Boys & Girls Club of Cypress programs.

Signature of Parent/Guardian

Date

For Office Use Only

Program: _____ Full Fee: \$ _____ Date Received: _____

Missing Information: Fed Tax State Tax Pay Stub Other: _____

Additional Information Required: _____

Comments: _____
