



**BOYS & GIRLS CLUB**  
OF BURBANK AND GREATER  
EAST VALLEY

# Financial Aid Application

## Financial Aid Application – BUSD Middle School and Archdiocese Sites

The Boys & Girls Club of Burbank and Greater East Valley is able to provide financial scholarships to those families who need it most. Financial aid comes in various denominations that will help cover the cost of the monthly fee. The monthly fee should be paid prior to program start. Aid is granted to families on the basis of financial need. Each applicant must apply annually for fall and summer programming. Applications are subject to review at any time.

**Please SELF CERTIFY your income as stated below and submit your Free/Reduced Lunch verification to Boys & Girls Club.**

Number of Persons Per Family	Very Low Income		Lower Income
	30% of Median	50% of Median	80% of Median
1	\$ 17,750	\$ 29,550	\$ 47,250
2	20,250	33,750	54,000
3	22,800	37,950	60,750
4	25,300	42,150	67,450
5	27,350	45,550	72,850
6	29,350	48,900	78,250
7	31,400	52,300	83,650
8	33,400	55,650	89,050

Based on the income limits reflected above, I/We, \_\_\_\_\_, certify my/our family(\_\_\_\_) or household (\_\_\_\_) size is \_\_\_\_persons, and further certify that, my/our total annual family (\_\_\_\_) or total annual household (\_\_\_\_) income is below the median income limits shown above [30% (\_\_\_\_); 50% (\_\_\_\_); 80% (\_\_\_\_)] adjusted for size of family or household. Total annual family/household income reflects all income from all sources. I/We acknowledge that the income levels I/We have certified to in this self-certification may be subject to further verification by the Boys & Girls Club, and I/We authorize such verification and will provide supporting documents if necessary.

School attending: \_\_\_\_\_ Child Name: \_\_\_\_\_

Annual Household Income before taxes: \_\_\_\_\_ EBT \_\_\_\_\_ MediCal \_\_\_\_\_ SSI \_\_\_\_\_

What is your monthly rent/mortgage payment? \_\_\_\_\_ What is your monthly car payment? \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

The information I have provided to the Boys & Girls Club of Burbank is true and correct. I understand that I may be required to provide financial documentation at any time.

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

All Information will be kept confidential.

Office Use Only	
Executive Director: Approved _____ Denied _____	Monthly Due: _____ Date: _____
Staff Signature: _____	Membership Expires on: _____
Boys & Girls Club of Burbank and Greater East Valley – GREAT FUTURES START HERE 2244 N Buena Vista Street * Burbank, CA 91504 * 818-842-9333 * Fax 818-842-0694	