



Financial Aid Application

Financial Aid Application – BUSD Middle School

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. You will be held accountable to pay your first month’s membership fee prior to the first day your child enters the program. 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 note, if you do not have the documents listed below please contact our Membership Director, Priscilla Ochoa at priscillaoschoa@bgcburbank.org*

Please SELF CERTIFY your income as stated below and submit your Free/Reduced Lunch verification and most recent W-2 to Boys & Girls Club.

CDBG GROSS ANNUAL INCOME LIMITS			
Number of People in Household/Family	Very Low income 30% and 50% of Median		Lower Income 80% of Median
1	\$25,050	\$41,700	\$66,750
2	\$28,600	\$47,650	\$76,250
3	\$32,200	\$53,600	\$85,800
4	\$35,750	\$59,550	\$95,300
5	\$38,650	\$64,350	\$102,950
6	\$41,500	\$69,100	\$110,550
7	\$44,350	\$73,850	\$118,200
8	\$47,200	\$78,650	\$125,800

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: _____ Gard Level: _____ 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: _____	