



# Financial Aid Application

The Boys & Girls Club of Burbank can provide financial scholarships to those families who need it most. Financial Aid comes in various denominations that will help cover the cost of the weekly or monthly tuition. Aid does not cover the annual membership fee. You will be held accountable to pay the membership fee prior to the first day your child attends 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. For more information, please contact our membership department at [Membership@bgcburbank.org](mailto:Membership@bgcburbank.org)

**In addition to this application, please provide the following (if applicable):**

Requested from applicant:	[OFFICE USE ONLY] Received from BGC
3 month salary history	
Most recent tax return	
Proof of any government assistance you receive	
3 months' bank statements	
Proof of Child Support Status	
Free-Lunch Program verification	
A letter of circumstances specific to your family or situation	

You may be requested to provide this information again at any time during the year for re-evaluation.

**Parent's Name:** \_\_\_\_\_ **Parent email:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**School attending:** \_\_\_\_\_ **Child Grade Level** \_\_\_\_\_

**What car do you drive?** \_\_\_\_\_ **What is your monthly car payment?** \_\_\_\_\_

**Annual Household Income before taxes:** \_\_\_\_\_

**Total Number in Household:** \_\_\_\_\_ **Total Adults in household:** \_\_\_\_\_

**Is this application for a child currently in foster care?** Yes \_\_\_ No \_\_\_ (If yes, documentation will be requested)

**Has your family been affected by the recent wildfires?** Yes \_\_\_ No \_\_\_ (If yes, documentation will be requested)

**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. I understand that if I choose to cancel my membership I cannot rejoin at the scholarship rate for one year.**

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

All Information will be kept confidential.

**Office Use Only**

Executive Director: Approved \_\_\_\_\_ Denied \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Monthly Due:** \_\_\_\_\_ **School Year: Morning** \_\_\_\_\_ **Afterschool** \_\_\_\_\_

**Weekly Due:** \_\_\_\_\_ **Winter Break:** \_\_\_\_\_ **Spring Break:** \_\_\_\_\_ **Summer:** \_\_\_\_\_

**APPLICANT SELF-CERTIFICATION OF INCOME**

Community Development Block Grant (CDBG) statutory regulations require that at least 70 percent of all funds expended benefit low and moderate income persons adjusted for household or family size. The Household or Family Income of participants benefiting from CDBG funded activities shall not exceed 80% of median family income (MFI), adjusted for household/family size as shown below.

Household Income includes the income of all residents occupying a residential dwelling that benefit from a housing activity funded with CDBG or other federal funds. Family Income includes all family members' income residing in the same household where one of the family benefits from a CDBG funded non-housing activity.

<b>CDBG</b>			
<b>GROSS ANNUAL INCOME LIMITS</b>			
Number of People in Household/Family	Very Low income 30% and 50% of Median		Lower Income 80% of Median
1	\$29,150	\$48,550	\$77,700
2	\$33,300	\$55,450	\$88,800
3	\$37,450	\$62,400	\$99,900
4	\$41,600	\$69,350	\$110,950
5	\$44,950	\$74,900	\$119,850
6	\$48,300	\$80,450	\$128,750
7	\$51,600	\$86,000	\$137,600
8	\$54,950	\$91,550	\$146,500

Based on the income limits reflected above, I/We, \_\_\_\_\_,  
Print Name(s)

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 as of the date CDBG funding is provided or assistance is rendered.

I/We acknowledge that qualification of assistance funded under the CDBG program is based upon having a qualifying personal/family/household income and that the income levels I/We have certified to in this self-certification may be subject to further verification by the City of Burbank and/or the U.S. Department of Housing & Urban Development (HUD), and I/We authorize such verification and will provide supporting documents if necessary.

\_\_\_\_\_  
(Parent / Guardian Signature)

\_\_\_\_\_  
(Parent / Guardian Signature)