

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

In addi	tion to this applic	ation, please pro	vide the follow	ving (if applicable):
Requested from applicant:			[OFFICE	USE ONLY] Received from BGC
3 month salary history				
Most recent tax return				
Proof of any governmen	t assistance you re	ceive		
3 months' bank statemen	nts			
Proof of Child Support S				
Free-Lunch Program ver				
A letter of circumstances	s specific to your f	amily or situation		
You may be reques	sted to provide this	information agai	n at any time du	uring the year for re-evaluation.
Parent's Name:	Parent's Name:Pa			
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 Inco	ome before taxes:			
Total Number in Household: Total			Total Adults ir	n household:
Is this application for a	child currently in	n foster care? Ye	s No (If y	ves, documentation will be requested)
Has your family been a	ffected by the rec	ent wildfires? Ye	esNo(If y	ves, documentation will be requested)
	to provide finan	icial documentat	ion at any tim	k is true and correct. I understand e. I understand that if I choose to ear.
Signature:				Date:
	All Info	ormation will be k Office Use (ctor: Approved _	cept confidentia Only	1.
Staff Signature:				Date:
Monthly Due:	School	Year: Morning		Afterschool
Weekly Due:	Winter			

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 <u>shall not</u> exceed 80% of median family income (MFI), adjusted for household/family size as shown below.

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

activity.

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	\$31,850	\$53,000	\$84,850			
2	\$36,400	\$60,600	\$96,950			
3	\$40,950	\$68,150	\$109,050			
4	\$45,450	\$75,750	\$121,150			
5	\$49,100	\$81,800	\$130,850			
6	\$52,750	\$87,850	\$140,550			
7	\$56,400	\$93,900	\$150,250			

Based on the income limits reflected above, I/We,	·			
	Print Name(s)			
Certify my/our family () or household () size ispersons, and further certify that, my/our family () or total annual household () income is below the median income limits show (30% (); 50% (); 80% ()] adjusted for size of family or household. Total annual family/hour neome reflects all income from all sources as of the date CDBG funding is provided or assist rendered.				
qualifying personal/family/household income and certification may be subject to further verification	funded under the CDBG program is based upon having a that the income levels I/We have certified to in this self-in by the City of Burbank and/or the U.S. Department of a authorize such verification and will provide supporting			
(Parent / Guardian Signature)	(Parent / Guardian Signature)			