



**BOYS & GIRLS CLUBS**  
OF SOUTH SAN LUIS OBISPO COUNTY

**Request for Financial Assistance**

ALL PARTS MUST BE FILLED OUT COMPLETELY.

INCOMPLETE APPLICATIONS WILL BE RETURNED

Documentation of this information, including income, will be required prior to enrollment

**PART 1: PARENT/GUARDIAN INFORMATION**

**Parent A (parent #1)**

**Parent B (parent #2)**

First Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widowed

**PART 2: EMPLOYMENT INFORMATION**

**Parent A** Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Days & Hours Worked: \_\_\_\_\_

**Parent B** Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Days & Hours Worked: \_\_\_\_\_

**PART 3: FAMILY INCOME INFORMATION**

Please attach most recent pay stub(s).

**Parent A:** Hourly Wage \$ \_\_\_\_\_ # of hours worked each week \_\_\_\_\_ \$ \_\_\_\_\_/month

**Parent B:** Hourly Wage \$ \_\_\_\_\_ # of hours worked each week \_\_\_\_\_ \$ \_\_\_\_\_/month

Mark "A" for parent #1 and "B" for parent #2 and the GROSS AMOUNT next to all that apply.

\_\_\_\_ Child Support \$ \_\_\_\_\_/month

\_\_\_\_ Cash Aid Assistance \$ \_\_\_\_\_/month

\_\_\_\_ Foster Care or Adoption Assistance \$ \_\_\_\_\_/month

\_\_\_\_ State/Private Disability Insurance \$ \_\_\_\_\_/month

\_\_\_ Unemployment \$ \_\_\_\_\_/month  
 \_\_\_ Social Security Survivor Benefits or Income Assistance Benefits \$ \_\_\_\_\_/month  
 \_\_\_ Social Security Disability Benefits \$ \_\_\_\_\_/month  
 \_\_\_ Retirement Benefits \$ \_\_\_\_\_/month  
 \_\_\_ Financial Aid: State or Federal Grants/Scholarships \$ \_\_\_\_\_/TERM  
 \_\_\_ Other: \_\_\_\_\_ \$ \_\_\_\_\_/month

**PART 4: FAMILY SIZE INFORMATION**

Number of children in your home age 18 & under that you are financially responsible for: \_\_\_\_\_

Child's First & Last Name	Birth Date	Sex	School	Grade	Attending Program?

Other adults living in your home: NAME: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 NAME: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Are you currently enrolled with an agency that pays for your child care? \_\_\_\_\_

Agency/Program Name: \_\_\_\_\_

Name of child/children enrolled: \_\_\_\_\_

**HAVE YOU COMPLETED ALL SECTIONS AND ATTACHED REQUIRED DOCUMENTS?**

I swear under penalty of law that the above information is true and correct. This application is only a request for financial aid for the Boys & Girls Club Summer Program and does not guarantee admittance to the program at reduced rates.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date