

GREAT FUTURES START HERE.



BOYS & GIRLS CLUBS
OF HARFORD & CECIL COUNTIES

FINANCIAL ASSISTANCE APPLICATION

Date Application Submitted ____/____/____ Application accepted by: _____

NEW APPLICATION

RENEWAL APPLICATION

STEP 1

Enter Household Information:

First / Last Name: _____ Date of Birth: ____/____/____

Age: ____ Gender: M F

Phone Number: _____ E-Mail Address: _____

Address: _____ APT: ____ City: _____

State: ____ Zip: _____

Check One: Single: ____ Married: ____ Separated: ____

List names (including last names if different from applicant) and ages of everyone residing in your household:

First Name, Last Name Age DOB Gender Relationship Employment Status

MM/DD/YY i.e. spouse, son, etc i.e. working part time, student, etc

1. _____ /____/____ M F

2. _____ /____/____ M F

3. _____ /____/____ M F

4. _____ /____/____ M F

5. _____ /____/____ M F

(Please use an additional application OR attach another document if you need extra space for additional names.)

STEP 2

Verify current total household income and submit supporting documents:

What is the current, combined annual household income? \$_____ **please ensure supporting documents aid in verifying total income**

Submit a copy of your most recent federal tax form W2 **AND** a copy of **ONE** of the following supporting documents:

- Last two pay stubs, for all household members
- Retirement income documentation
- Social security or disability award letter(s)
- Unemployment income verification

Administrative Office ♦ P.O. Box 1106 ♦ Aberdeen ♦ Maryland ♦ 21001

410-272-0010 ♦ 410-272-0012 (fax)

www.bgcharfordcecil.org

If a current year OR prior year federal tax return - form 1040 **HAS NOT BEEN FILED** please submit a copy of **ALL** the following supporting documents that are applicable for verification of **HOUSEHOLD** income:

- Last two pay stubs, for all household members
- Retirement income documentation
- Social security or disability award letter(s)
- Unemployment income verification

Do you receive Child Support? ____ YES ____ NO If yes, what is monthly support? \$_____ Please provide supporting documents

Attach an **optional** letter stating the applicant's specific need and/or hardship. Please include special circumstances (if any) in the letter including any discrepancies between attached financial documents.

STEP 3

Signature of Applicant: _____ **Date:** _____

The information I have provided on this form is complete and correct and I agree to provide additional documentation upon request to verify need of financial assistance. I understand that the Y provides financial assistance to the extent that resources are available and that the Y reserves the right to refuse assistance to any applicant. I also understand that my current Y account must be in good standing prior to this application being processed.

All applications must be submitted for consideration on or before May 29, 2020. Since there are a limited number of scholarship funds available not all applications will be accepted. Applicants will be notified by mail as to the status of their applications.

Office Use Only:

Branch Director Recommendations/Comments: _____
