



BOYS & GIRLS CLUB OF SOUTHERN RENSSELAER COUNTY FINANCIAL AID APPLICATION

Purpose: The Boys & Girls Clubs of Southern Rensselaer County Financial Aid Program is designed for families who are:

- ✓ in a time hardship,
- ✓ have limited income
- ✓ not eligible for Workforce Development Assistance

These funds may be issued for a temporary or full program basis. Since the program is funded through various donations including the City of Rensselaer, availability is limited. Financial Aid should only be your last source of assistance after you have been denied support through one of the following:

- ✓ Department of Social Services
- ✓ Workforce Development
- ✓ Employer re-imbusement

Who can apply: The program is restricted to families residing in Rensselaer County.

How to apply: Complete the application, membership, form, and the emergency blue card and give to the Executive Director.

Things to remember when completing the form:

- ✓ **Financial aid requests will not be considered without all requested information and registration form.**
- ✓ All information must be verified and proven accurate or the application will be denied.
- ✓ Acceptable forms of verification include previous year personal income tax return, current pay stub from your employer and/or written verification by D.S.S. case worker.
- ✓ Include all members attending from the same household on this application. Household means all persons living in same housing unit and includes: mother, father, step-mother, step-father, guardian, grandmother, grandfather, step son, step daughter, foster child.
- ✓ You may be required to submit copies of monthly expenses.



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FINANCIAL AID APPLICATION

Parent/Guardian First Name: _____ Last Name: _____

Home Address: _____ City: _____ State : _____ Zip: _____

Phone: Cell: _____ Work: _____ Alternative: _____

Email: _____

I am seeking assistance for: ASE: _____ Pre-K: _____ Both: _____ Camp Adventure _____

For: Fall 2017 Program Session: _____ Spring 2018 Program: _____ 2018 Summer: _____

I. Member Information

Last Name	First Name	M.I	Age	D.O.B	Grade

II. Household Members & Finances (please provide monthly income for the following categories)

Names of Household Members	Monthly Gross Income Employment	DSS Assistance, Child Support, Alimony	Pensions, Retirement, Social Security	Foster Care Income	Other Income

III. Monthly Household Expenses

Rent/Mortgage: _____ Car Payment #1: _____ Car Payment #2: _____

Gas/Electric: _____ Telephone: _____ Cell Phone(s): _____

Cable TV: _____ Groceries: _____ Transportation: _____

Insurance: _____ Medical: _____ All Other: _____

IV. Tell us your story. Please use the space below to fully explain any and all special circumstances that justify your request for financial assistance. Use additional pages if necessary

V. Signature:

I certify that I have read and understand this entire document and that the information I have given is true and correct and that all income is reported. I understand that the information is being given for consideration of financial assistance from the Boys and Girls Clubs of Southern Rensselaer County and that all funding decisions will be determined solely by Boys & Girls Club Officials; that such assistance may be awarded in whole, in part or not at all; that the Boys and Girls Clubs may and will verify the information given on the application, and that deliberate misrepresentation or omission of the information may be subject to denial of assistance and/or participation in Boys & Girls Club activities.

Signature: _____ Printed name: _____

Date: _____

For Office Use Only:		
Date Received: _____	By Whom: _____	Initials: _____
Amount Awarded: _____	Date Decided: _____	Date Contacted Applicant: _____