

**Boys & Girls Club of Camarillo**  
Confidential Financial Aid Application



**All families receiving financial aid are required to complete a minimum number of hours of community service. The number of hours of community service required for each family will be determined based on the amount of the scholarship.**

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Do you currently receive Boys & Girls Club of Camarillo Financial Assistance? [ ] No [ ] Yes - Please specify amt \_\_\_\_\_

Program for which you are requesting Financial Assistance: [ ] Membership [ ] Day Camp

**GENERAL INFORMATION**

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: [ ] Male [ ] Female

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: [ ] Male [ ] Female

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: [ ] Male [ ] Female

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: [ ] Male [ ] Female

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Household Size: Total Number of Children in Household \_\_\_\_\_ Total Number of Adults in Household \_\_\_\_\_

**INCOME/EXPENSE INFORMATION**

Monthly Salary \$ \_\_\_\_\_ -or- Hourly Wage \$ \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ -or- Monthly Mortgage \$ \_\_\_\_\_

Monthly Child Support \$ \_\_\_\_\_ Do you receive CDR services? [ ] Yes; [ ] No

Food Stamps \$ \_\_\_\_\_ State Income (Disability, EDD, TANF) \$ \_\_\_\_\_

**VOLUNTEER**

Volunteer Duty Preference: Youth Supervision \_\_\_\_ Special Events \_\_\_\_; Custodial \_\_\_\_; Office Help \_\_\_\_; Other \_\_\_\_\_

Please provide hours and days available to volunteer: Days: \_\_\_\_\_; Hours: \_\_\_\_\_

**DOCUMENTATION NEEDED**

Please return the completed application along with the following required documentation:

- 1) A copy of two recent paycheck stubs or financial statements
- 2) A copy of rent receipt/mortgage payment

**OFFICE USE ONLY**

Approved By \_\_\_\_\_ Membership cost per child \$ \_\_\_\_\_ Day Camp Fee per child \$ \_\_\_\_\_

Date Received: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Comments: \_\_\_\_\_