



BOYS & GIRLS CLUBS
OF MAURY COUNTY

Financial Assistance Application

Thank you for enrolling your child(ren) in Boys & Girls Clubs of Maury County! Our mission is to serve ALL kids who need us. Financial assistance and scholarships are available upon request to families who may not be able to afford the full cost of the program.

To apply for financial assistance, please submit the following documents:

1. Completed financial assistance application (see attached).
2. A copy of your most recent federal income tax return. If you do not file federal income taxes, please provide an IRS Verification of Non-filing Letter. Go to IRS.gov and Under File, click "Get Your Tax Record," or call 1-800-TAX-FORM (1-800-829-1040) for a verification of non-filing.
3. Two recent paycheck stubs OR a letter from your employer verifying your employment and stating your annual salary. If you are unemployed, draw social security, or are a full-time student - please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.
4. Documentation for all other forms of income received in the household, including child support, alimony, unemployment benefits, etc.

Please mark out all social security numbers, tax ID numbers, and/or credit card numbers before submitting any paperwork.

Applications must be submitted with all required documentation. Boys & Girls Clubs of Maury County reserves the right to verify all information listed. Incomplete applications and/or applications without supporting documentation cannot be processed. All financial assistance is distributed on a case-by-case, first-come, first-served basis.

Providing false information or failing to disclose information in order to appear eligible for financial aid is considered fraud. A person who obtains, or attempts to obtain by fraudulent means, services to which the person is not entitled, may be prevented from receiving future financial aid from Boy & Girls Clubs of Maury County, will have to pay back financial aid received, and may be prosecuted under applicable state and federal laws.

Please submit your financial aid application and required documents along with your child's membership application. You will receive an email within two weeks regarding your qualification and next steps.

We look forward to serving you.

Pierre Covington, Chief Operations Officer
931-490-9401 ext. 2621; pcovington@bgcmaury.org

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SECTION 2: CHILD(REN) INFORMATION

Please list all children residing in the household, even if they will not be enrolled in the Boys & Girls Club.

Child's Name (First Name, MI, Last Name)	Age	Relationship to Applicant	Sex (M, F)	BGC Maury Location to Attend, if applicable

SECTION 3: INFORMATION ON OTHER ADULTS LIVING IN YOUR HOME

List **all** other adults **over 18** living in your home. Include your spouse and any relatives and non-relatives who live in your home. This helps us determine which household members are included in your family size and if their income is counted.

First Name, MI, Last Name	Date of Birth	Relationship to Applicant	Sex (M, F)	Employer/ School	Is this person a parent of a child living in home?
	__/__/____				<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Child: _____
	__/__/____				<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Child: _____
	__/__/____				<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Child: _____
	__/__/____				<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Child: _____
	__/__/____				<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Child: _____

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SECTION 4: REASON FOR FINANCIAL ASSISTANCE

Please share why you are applying for financial assistance or any other important information you think we should be made aware of.

SECTION 5: GROSS ANNUAL HOUSEHOLD INCOME

Please list all annual income for parents, parents of children under 18, step-parents, and other contributing household members. These family members are part of your household and their income will be counted when deciding eligibility. Please provide documentation for all items listed.

***KEY: per: wk (weekly), bwk (bi-weekly), sm (semi-monthly), mo (monthly)**

Persons With Income →	Name:	Name:	Name:	Name:
Salary, Wages and Tips	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>
Unemployment Compensation	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>
Social Security Compensation	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>
Child Support	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>
Aid for Dependent Children/ Cash Assistance	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>	\$ _____ <small>* per: wk bwk sm mo (circle one)</small>

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Persons With Income →	Name: _____	Name: _____	Name: _____	Name: _____
Food Stamps	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>
401(k)/ Retirement	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>
Disability	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>
Alimony	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>
School Loan Income	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>
Housing Allowance	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>
Other	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>	\$ _____ <i>*per: wk bwk sm mo (circle one)</i>

I certify that no member of my household, as defined in section 3, has family assets that exceed \$1,000,000. An asset is defined as: any available cash or any item of value, including property and property interests, whether real or personal, tangible or intangible, which is available to the individual or which the individual has the legal right or authority or power to obtain. YES NO

Do you get food stamps and/or WIC? YES NO

Do you get cash assistance from the Department of Social Services? YES NO

Do you get housing assistance? YES NO

Do you get child care assistance from another source? YES NO

If YES, from whom? _____ How much? _____ How often? _____

SECTION 6: CHILD SUPPORT PAID

If you or another adult living in your home pays child support, that amount may be deducted from your income.

If YES, payment is made to: _____ . Submit verification of child support paid.

What is/(are) the name(s) of the child(ren) for whom you pay support?

How much is paid? \$ _____

How often? Weekly Bi-Weekly Semi-Monthly Monthly

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SECTION 7: EMPLOYER VERIFICATION

Boys & Girls Clubs of Maury County reserves the right to verify employment and current wages by contacting the employers listed above. Please provide employer contact info below.

<i>Adult Household Member Name</i>	<i>Employer/ Business Name</i>	<i>Supervisor Name</i>	<i>Address of Employment</i>	<i>Supervisor Phone Number</i>	<i>Supervisor Email Address</i>

Submit your completed Financial Assistance Application with the following:

1. A copy of your most recent federal income tax return. If you do not file federal income taxes, please provide an IRS Verification of Non-filing Letter. Go to IRS.gov and Under File, click "Get Your Tax Record," or call 1-800-TAX-FORM (1-800-829-1040) for a verification of non-filing.
2. For all wage earners--Two recent paycheck stubs OR a letter from employer verifying your employment and stating your annual salary. If you are unemployed, draw social security, or are a full-time student - please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.
3. Documentation for all other forms of income received in the household, including child support, alimony, unemployment benefits, etc.
4. Documentation of child support paid, if applicable.

Applications received without the above documentation attached will be returned unprocessed.

I understand that providing false information or failing to disclose information in order to appear eligible for financial aid is considered fraud. A person who obtains, or attempts to obtain by fraudulent means, services to which the person is not entitled, may be prevented from receiving future financial aid from Boy & Girls Clubs of Maury County, will have to pay back financial aid received, and may be prosecuted under applicable state and federal laws. I certify that this information is true and complete to the best of my knowledge. I grant permission to Boys & Girls Clubs of Maury County to verify this information. I agree to notify Boys & Girls Clubs of Maury County if my financial status should change. I understand financial status will be reviewed at least 3 times per year for parents receiving financial assistance, and that meeting with the Unit Director and providing updated information is required for continued receipt of financial assistance. I understand that I am responsible for the full fee if my child attends the program before a reduced fee agreement has been approved and signed by BGCMC Staff.

Signature of Applicant _____ Date _____