



**BOYS & GIRLS CLUB
OF THE CAPITAL CITY**

APPLICATION FOR FINANCIAL ASSISTANCE

Name (last, first): _____

Address: _____ City: _____ Zip: _____

Phone: (please include area code if not 573)

home: _____ work: _____ cell: _____

Child (ran) Name(s): _____

Location where your child (ran) attend: please circle all that apply

East South Pioneer Trails Elm

The following information is necessary for our records to determine your eligibility for financial assistance. The information will be kept confidential and used for this sole purpose of determining eligibility.

Size of Household: _____ (those residing in the same residence as listed above

Annual Income for all Household Members: _____

Those who qualify for state assistance will be notified and directed to the Division of Family Services. Those who do not qualify for state assistance will be notified of their eligibility.

Requested documentation is **required**. If the form does not include the documentation, the application will not be processed until it is received. Applications must be accompanied with one of the following (copies of documents, please do not submit originals):

- Paystubs for a month or two weeks of pay for those included in annual household income
- Income tax return for 2008 for those included in annual household income

Please return your completed application with the required documentation to your site coordinator or at the Boys and Girls Club office located at 727 East Elm Street.

Please contact Cindy at 573-634-2582 with any questions about your application or completing this form. Thank you.

FOR OFFICE USE ONLY:

Approved for Assistance: _____ Amount: _____

Not Approved for Assistance: _____

Referred Family to DFS: _____

Family Contacted: _____ Date: _____

12/09



BOYS & GIRLS CLUB
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*The **Positive** Place For Kids*

