

SECTION A: ALL HOUSEHOLDS COMPLETE THIS SECTION

STUDENT/CHILD INFORMATION				FOOD STAMP (FS), CALWORKS, KIN-GAP, OR FDPIR BENEFITS	
Last Name	First Name	Current Member Yes/No	Date of Birth	Yes/No	Foster Care Child? Yes/No
1.					
2.					
3.					
4.					
Street Address:					

SECTION B: HOUSEHOLD MEMBERS AND THEIR MONTHLY INCOME (IF ANY)

(1) List ALL adult household members, regardless of income. (2) Indicate amount(s) and source(s) of income for those adult household members with income last month, (3) Enter any income received last month by/for a child from full-time or regular part-time employment, SSI, or Adoption Assistance payments; and (4) If amount last month was more/less than usual, enter the usual month.

Full Name	Gross Earnings From Work Before Deductions, Include All Jobs	Pension, Retirement, Social Security	Welfare Benefits, Child Support, Alimony Payments	Any Other Monthly Income	FOR CLUB USE ONLY: TOTAL MONTHLY INCOME
1.					
2.					
3.					
4.					
Additional information that you would like the Financial Assistance Committee to know:					

SECTION C: IN KIND GIFT(S) OR VOLUNTEER HOURS

In order to help our families with program/membership fees, we would like to offer our families the opportunity to help the club by donating your services through volunteer hours or your company's services. If you would like to help our club with any of the following, please indicate below. In addition, let us know the specific amount that you could pay toward your fees.

I CAN PAY \$ _____ PER CHILD/ PER MONTH	I CAN VOLUNTEER _____ HOURS PER MONTH / WEEK
	M T W TH F S
I CAN DONATE THE FOLLOWING SERVICES OR SUPPLIES: :	

SECTION D: PLEASE READ AND COMPLETE THIS SECTION

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of a UBGC Scholarship and that UBGC officials may verify the information on the Application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. I understand if my balance is over \$100, my child will not be able to participate in programming.

Signature Of Adult Household Member Completing This Form:	Telephone Number:	Date:
Printed Name Of Adult Household Member Signing This Application:	Email Address:	

FOR OFFICE USE ONLY				
Date App/Forms Received:	Household Size:	Household Income:	Percentage Discount Approved:	Amount To Be Paid:
Date of Action:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director's signature:	Parent Notified by:	
If Disapproved, Reason...			Date:	