



Member Information (List all children in need of financial assistance)

First & Last Name	School & Grade:
First & Last Name	School & Grade:
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First & Last Name	School & Grade:
Which program/s are you enrolling your child: Clubhouse: <input type="checkbox"/> Smilow-Burroughs <input type="checkbox"/> Southport <input type="checkbox"/> Outreach Programs: <input type="checkbox"/> Membership <input type="checkbox"/> After School <input type="checkbox"/> Remote Learning <input type="checkbox"/> Summer Camp <input type="checkbox"/> Other (Programs)_____	
Do you qualify for: <input type="checkbox"/> Reduced Lunch Program <input type="checkbox"/> Free Lunch Program	

Parent/Guardian Information (We require both parent's information)

Parent/Guardian (One) Name:	Parent/Guardian (Two) Name:
Address	Address
City, State, Zip	City, State, Zip
Contact Phone:	Contact Phone:
Email:	Email:

Household Information

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Number of Adults:	Number of Children:
Who has custody: ✓ Check one	<input type="checkbox"/> Both <input type="checkbox"/> Parent One <input type="checkbox"/> Parent Two	<input type="checkbox"/> Other *(explain) _____ _____	*Must provide legal documentation if a parent has restricted parental rights.

Income Information (Tax return, W2 form, two most recent pay stubs or last two months bank statements)

Parent One Occupation:	Employment Information: (Co. name and address)	Parent One Income:
Parent Two Occupation:	Employment Information: (Co. name and address)	Parent Two Income:
Other Income: (public assistance, child support, social security, alimony, etc.)		Family's Total Gross Income: \$



**WAKEMAN
BOYS & GIRLS CLUB**

Financial Assistance Application

Extenuating Circumstances

Please state any special circumstances that may qualify you for assistance.

Are you willing to volunteer your time in return for a reduction of fees? ☐Yes ☐No

Circle one: Sports Program STEM Academics Special Events

I am submitting income verification with my application for financial assistance and certify that the above information is true and complete to the best of my knowledge. If my financial situation changes, it is my responsibility to let Wakeman Boys & Girls Club know about my financial changes.

Print Name:

Signature:

Date:

Notes (Office use only)