



The Boys & Girls Club of Vista Financial Aid Program

INTRODUCTION : The Boys & Girls Club of Vista Financial Aid Program is made available through our generous donations. As a 501(c)3 nonprofit organization, the Boys & Girls Club of Vista relies on the generosity of individuals and businesses for support. We are grateful and appreciate the time, talent, and treasure that is given to us in the interest of community spirit.

The Boys & Girls Club of Vista Financial Aid Program is a need-based program designed to provide financial aid for those who cannot afford the Club's regular rates. Applications are reviewed within 5 business days of receipt by the front desk.

APPLICATIONS : Financial Aid applications must be renewed at the beginning of each school year. Parents/Guardians who would like to renew their application will be required to complete a new financial aid application. Only one application is required per family. The financial aid must be applied for by, and is only valid for, the person who pays for the member's program fees.

REQUIREMENTS : All applications must be complete and accompanied with proper documentation. The documents needed for verification are specified below. Any discrepancy will automatically delay us assisting you. The following documents include:

1. This completed financial aid application.
2. Proof of income showing the last 30 days of pay. Current pay stubs or proof of public assistance is acceptable. When submitting proof from a public agency, please ensure that verification is stamped, dated, and signed by their office. WE WILL NOT ACCEPT PRINTOUTS WITHOUT THE ABOVE.
3. Last year's tax return (only the first 8 pages are needed) **and** copy of W-2s. If you did not file taxes, please provide a Verification of Non-Filing transcript from the IRS, which can be requested at <https://www.irs.gov/individuals/get-transcript>.
4. Proof of application for subsidized childcare assistance through San Diego County centralized eligibility list: <https://childcaresandiego.com/>
5. Completed City of Vista Scholarship application. Submit directly to Boys and Girls Club of Vista: <https://www.cityofvista.com/home/showpublisheddocument/27664/638198361630300000>

Financial Aid Application Guidelines

GUIDELINES : The Financial Aid Application must be fully complete and legible. In the event that some items do not apply to applicant, enter N/A on the space provided.

Section A:	Indicate the type of application, whether new or renewal.
Section B:	Complete the personal information as it applies to you and all other adults living in the household.
Section C:	Indicate the individuals in your household that you support financially.
Section D:	Check all sources of income that apply for all members of your household. Fill in the personal and household income amounts.
Section E:	Please provide an explanation as to why you are seeking a financial aid.
Section F:	Read and sign. Your signature acknowledges that you agree with the terms.

REVIEW PROCESS : Financial aid is awarded based on family needs and are awarded for 50% off of full tuition.

Upon receipt of a complete application and supporting documents, our Membership Coordinator will review the application within 5 business days. Incomplete applications may delay the review process. All applicants will receive a notification of the outcome of our review. The Boys & Girls Club of Vista reserves the right to terminate financial aid as a result of late payment and/or returned membership drafts.

REMEMBER: All documents and forms submitted WILL NOT BE RETURNED. It is the applicant's responsibility to make copies before submission of required documents.

QUESTIONS ABOUT APPLICATION OR VERIFICATION DOCUMENTS? Should you have questions on completing this application, please contact the following: Karina Miranda membership@bgcvista.com or Naomi Wade naomi@bgcvista.com or call 760-724-6606.

For office use only:

Child(ren)'s Name(s): _____ Expiration Date: _____ 50% off: _____

Financial Aid Application Form

Childs Name: _____ School: _____ Grade: _____

Section A – Type of Financial Aid

New Renewal

Section B – Personal Information – Adult #1

Last Name: _____	First Name: _____
Address: _____	City: _____ Zip: _____
Home#: _____	Work#: _____ Cell#: _____
Occupation: _____	Employer: _____
Email address (<i>required</i>): _____	

Section B – Personal Information – Adult #2

Last Name: _____	First Name: _____
Address: _____	City: _____ Zip: _____
Home#: _____	Work#: _____ Cell#: _____
Occupation: _____	Employer: _____
Email address: _____	

Section C – Household Information

	First & Last Name	Relationship	Date of Birth	Are you supporting this individual?		
1.	_____	_____	/ /	Yes	OR	NO
2.	_____	_____	/ /	Yes	OR	NO
3.	_____	_____	/ /	Yes	OR	NO
4.	_____	_____	/ /	Yes	OR	NO
5.	_____	_____	/ /	Yes	OR	NO
6.	_____	_____	/ /	Yes	OR	NO

7. _____ / _____ / _____ Yes OR NO

Section D – Income for all applicants and their dependents.

Source of Income: Check ALL that apply

Wages/Salary Child Support AFDC Retirement Unemployment
 Disability Social Security Other: _____

Mother/Guardian total gross monthly personal income (before taxes, withholding): \$ _____ verification required

Father/Guardian total gross monthly personal income (before taxes, withholding): \$ _____ verification required

Total gross monthly household income (before taxes, withholding): \$ _____ verification required

Section E – Special Circumstances

Below, please list any special circumstances that you feel would help qualify you for our program beyond the information given on the first page of this application. Attach additional sheets if needed.

Section F – Please read and understand before signing.

I have read and understand the attached guidelines and application for the Boys & Girls Club of Vista Financial Aid Program. I understand that the completion of this application does not guarantee acceptance of financial aid. I confirm that the above information is true and correct. I authorize the Boys & Girls Club of Vista to verify the above and attached information.

_____	_____	_____
Printed Name of Parent/Guardian	Parent/Guardian Signature	Date
_____	_____	_____
Printer Name of Parent/Guardian	Parent/Guardian Signature	Date

Office Use Only:

Approval/Denial Date: ____/____/____ Staff Initials: ____ Level Awarded: 50% off

Notification Date ____/____/____ Staff Initials: ____ Type of Notification: Mail In Person Email

Notes: _____