

Are there any extenuating circumstances? If yes, please explain briefly.





Are you eligible for reduced or free school lunch program? Yes No

How much do you feel you will be able to pay (per child per session) towards BGCNC fees? \$ _____

In the past, have you received financial assistance from the Boys & Girls Club of the North Country? Yes No

INCOME: List all income of the household last month (4-week period) on the same line with the person who received it.

NAME (Last, First)	AGE	GROSS MONTHLY EARNINGS (BEFORE DEDUCTIONS)	MONTHLY WELFARE PAYMENTS, CHILD SUPPORT	ALL OTHER INCOME RECEIVED LAST MONTH

  **A copy of one month's income for each listed person MUST be submitted with this application before the application will be reviewed.**  

I CERTIFY THAT ALL OF THE PREVIOUS INFORMATION IS TRUE AND CORRECT. IF MY SITUATION CHANGES, I AGREE TO NOTIFY THE BGCNC WITHIN 30 DAYS. I UNDERSTAND THAT ANY DELIBERATE MISREPRESENTATION OF THE INFORMATION MAY RESULT IN LOSS OF ANY FEE ASSISTANCE.

_____ Signature of Adult	_____ Date Signed
_____ Print Name of Above Adult	_____ Work or Daytime Phone
_____ Street Address	_____ Evening Phone
_____ City, State & Zip	_____ E-mail Address

In order to apply for financial assistance you must complete the Family Income section on the membership application