

Please complete in  
blue or black ink –  
thank you!



**BOYS & GIRLS CLUBS  
OF THE GREATER CHIPPEWA VALLEY**

Altoona Center • Chippewa Falls Center • Lunda Center  
Lee & Mary Markquart Center • Menomonie Center

**Summer Free/Reduced Fee Request Form**

<b>Altoona Center</b> 1903 Bartlett Avenue Altoona, WI 54720 715-838-7358	<b>Chippewa Falls Center</b> 650 Bridgewater Avenue, Chippewa Falls, WI 54729 715-726-2065	<b>Lee &amp; Mary Markquart Center</b> 1005 Oxford Avenue Eau Claire, WI 54703 715-855-0081	<b>Lunda Center</b> 405 State Hwy 54 Black River Falls, WI 54615 715-284-4005
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\$60 per week per child OR \$40 weekly punch card for those attending 1-3 days per week

**Please note: This form must be filled out completely before it can be reviewed. Submit one per child.**

To help the Scholarship Committee in approving your application, please provide copies of any paperwork verifying assistance that you may receive from the services listed below.

Member Name:		Parent/Guardian Name:	
Phone #:		Alternate Phone:	
Address	City	State	Zip

**Household Information: Please attach documentation.**

Services your household currently uses/qualifies for (check all that apply)		
<input type="checkbox"/> Medical Assistance (ACCESS)	<input type="checkbox"/> WIC	<input type="checkbox"/> TANF
<input type="checkbox"/> Free/Reduced School Lunch	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> SSI/SSDI
# of People in Household =		Yearly/Annual Household Income: \$

**Other Information**

I am requesting a partial scholarship and am able to contribute:			
<input type="checkbox"/> \$10.00/week	<input type="checkbox"/> \$20.00/week	<input type="checkbox"/> \$30.00/week	Other:



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**Reason for requesting scholarship:**

**How will your child benefit by attending the Boys & Girls Club? How will your household benefit?**

**Anything else you feel we should know or be aware about?**

**Parent/Guardian Signature:**

<input type="checkbox"/>	The information provided on this form will be used for statistical purposes only.
<input type="checkbox"/>	All personal information will be kept confidential.
<input type="checkbox"/>	Any false information given in this application will be reason for denying scholarship.
<input type="checkbox"/>	By signing below you verify all information is accurate to the best of your knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Office Use Only**

Date Returned	Approved/Denied	Date of Approve /Denial	Amount Due	Staff Initials



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