

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

Menomonie Center Summer Free/Reduced Fee Request Form

River Heights Elementary 615 24 th Ave W Menomonie, WI 54751 715-233-2540	Full day Weeks \$60 per week, per child or \$40 for a 1-3 day weekly punch card Half day Weeks \$35 per week, per child or \$20 for a 1-3 day weekly punch card
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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:

Reason for requesting scholarship:



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

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

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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