

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

Annual Fee:
\$15 for an individual
or \$30 for a family of
2+

Free/Reduced Fees Request Form

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 request form, 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.

# of People in Household =	Yearly/Annual Household Income: \$

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

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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By signing below, you agree that all information is accurate to the best of your knowledge:

Parent/Guardian Signature: _____ **Date:** _____

<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.

Office Use Only

Date Returned	Approved/Denied	Date	Amount Due	Staff Initials