

**BOYS & GIRLS CLUBS  
OF COOKE COUNTY**

# Financial Assistance

# WELCOME TO ALL

## THE ESSENCE OF THE CLUB

With a commitment to supporting academic success, promoting healthy lifestyles and fostering good character & citizenship, The Boys & Girls Clubs of Cooke County, ensures that every young person has access to the essentials needed to reach their full potential.

## EVERYONE IS WELCOME

The Club welcomes all who wish to participate and believes that no youth should be denied access because of inability to pay. Through our Building Great Kids Financial Assistance Program, The Club provides assistance to youth and families based on individual needs and circumstances.

## COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled in a fair and consistent manner. Every Club member receives the same membership benefits, regardless of whether or not they receive assistance.

Club members can feel confident knowing they are part of an organization that cares greatly for the well-being of all people. We're committed to Academic Success, Healthy Lifestyles and Good Character & Citizenship.

Financial Assistance reduces membership fees on a sliding scale, it does not eliminate them. All members pay something.

Program fees are also reduced by financial assistance. Occasionally the program fee minimum exceeds the amount of assistance.

Register for programs in person to receive assistance; on-line registration does not give financial assistance discounts.

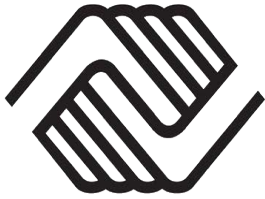
The Club requires that individuals and families reapply every six months with updated documentation.

Please contact us if you have any questions.



**bgccooke.com**  
**(940) 665-6527**

**Financial Assistance is Available!**



# Financial Assistance

**1 PRIMARY ADULT APPLICANT INFORMATION**

Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**2 I AM APPLYING FOR:**

- Membership(s)
- After School, Summer, Holiday Camp
- Club Sports Programs
- Littlest Angel

I can afford \$ \_\_\_\_\_ per month

Adults in Household: \_\_\_\_\_

Dependent Children in Household: \_\_\_\_\_

Have you ever received Club assistance for membership before? YES \_\_\_\_\_ NO \_\_\_\_\_

CURRENTLY \_\_\_\_\_

**3 TO QUALIFY FOR FINANCIAL ASSISTANCE, PLEASE PROVIDE THE FOLLOWING DOCUMENTS:**  
Please include all that apply

<p><b>A WORKING CURRENTLY or SELF EMPLOYED</b></p> <p><input type="radio"/> 30 days of income -or- Bank Statement/ Bookkeeping documents</p> <p>\$ _____ X 12 months 30 days gross income</p> <p>\$ _____ Annual gross income</p>	<p><b>B RECEIVING OTHER ASSISTANCE</b></p> <p><input type="radio"/> If applicable, documentation of SSI, SSD, food stamps, AFDC unemployment, child support, etc.</p> <p>Monthly SSI or SSD \$ _____</p> <p>Monthly Unemployment \$ _____</p> <p>Monthly Food Stamps \$ _____</p> <p>Monthly Child Support \$ _____</p> <p>Other Monthly Assistance \$ _____</p> <p><b>Total Monthly Assistance \$ _____</b></p>	<p><b>C LETTER OF SPECIAL CIRCUMSTANCES</b></p> <p><input type="radio"/> We understand that numbers don't show everything. If there are any special circumstances, please include a written explanation (note/letter) so that consideration may be given.</p> <p><b>Special/Unusual Expenses:</b></p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>
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**4 THIS APPLICATION MUST BE RENEWED EVERY 6 MONTHS**

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income or assistance not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that assistance is based on need. In the event that I or my family must cancel our participation, I will contact The Club immediately. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

\_\_\_\_\_

Print Name Signature Date of Signature

Welcome Center Staff: \_\_\_\_\_ Date received: \_\_\_\_\_

F.A. Reviewer: \_\_\_\_\_ Date Processed: \_\_\_\_\_

\_\_\_\_\_ Verification of Income  
(initials)

**Fees:**

Bank/Card Draft: \$ \_\_\_\_\_ per month

Membership Fee: \$ \_\_\_\_\_ per year

**Possible Additions:**

After-school/Summer: \$ \_\_\_\_\_ per month  
Sports Programs

**Additional Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_