

GREAT FUTURES START HERE.



NIAGARA FALLS
BOYS & GIRLS CLUB

Financial Hardship Application

Dear Scholarship Applicant,

The Niagara Falls Boys & Girls Club promises to make program opportunities available to all interested people regardless of income. We have a limited amount of partial scholarships for those who might otherwise not be able to participate. Partial scholarships will be awarded for a percentage discount, depending on the individual circumstances. All information will remain confidential.

To be eligible for a scholarship, you must register with the Niagara Falls Boys & Girls Club and be able to provide substantial reason/proof for financial support. Priority will be given to those living 100% below the Federal Poverty Level however, others may apply. Scholarships to the Club will be awarded on a first-come, first serve basis and a limited number of scholarships will be available. Forms should be returned to our 17th Street location (725 17th Street Niagara Falls N.Y. 14301)

**Please explain the circumstances surrounding the need for a full and/or partial scholarship below.
(You may attach another sheet if necessary)**

Name of Parent/Guardian (Print: Last, First, MI) _____

Home# _____ Cell# _____

Please list the names of all the youth that will attend the Boys & Girls Club.	Date of Birth	Age	What program are you requesting assistance for?		If awarded a partial Scholarship, I commit to ensuring this youth attends the club 3-5x/week. (Parent/Guardian initials)
			<input type="checkbox"/> Membership Fee <input type="checkbox"/> Extended Day Fee <input type="checkbox"/> Summer Fee		
			<input type="checkbox"/> Membership Fee <input type="checkbox"/> Extended Day Fee <input type="checkbox"/> Summer Fee		
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Household Composition and Income

Monthly Income Amount (i.E. \$100/month, etc)

List every person that receives income in the household.	Gross Monthly Income	Welfare/ Child Support/ Alimony Government Assistance.	Retirement/Social Security	Unemployed	Check if no income
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SIGNATURE AND CONTACT INFORMATION (An adult member in the household must sign this application)

I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and I promise to cooperate with any effort to verify the information provided. If selected to participate in the program, I promise to abide by all rules and guidelines.

Parent/Caregiver/Guardian Signature _____ Date

Address: _____

City: _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

To be Completed by NFBGC Office Personnel

NFBGC Membership Fee Scholarship Amount \$ _____ Source _____

NFBGC Extended Day Fee Scholarship Amount \$ _____ Source _____

NFBGC Summer Fee Scholarship Amount \$ _____ Source _____

Parent Membership Fee Payment Amount \$ _____ Total Amount Due by _____

Parent Extended Day Fee Payment Amount \$ _____ Total Amount Due by _____

Parent Summer Payment Amount: \$ _____ Total Amount Due by _____

CEO Signature _____ Date _____

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**NIAGARA FALLS
BOYS & GIRLS CLUB**

Payment Plan Agreement

Niagara Falls Boys & Girls Club (NFBGC): _____ Date: _____
Club Unit Name

Parent Guardian Name: _____

Youth Name: _____ Youth Date of Birth: _____

Home Phone or Cell Phone _____

Address: _____

City/State/Zip: _____

E-mail: _____

Payment Reason (Summer or Annual Fee)	Payment Amount	Due by	Paid on	Receipt #	Balance Due
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$

I _____, agree to remit the above payments on the specified dates to the Niagara Falls Boys & Girls Club. I understand that failure to make a payment* can result in temporary suspension of my child's membership and that if I am unable to make a payment, I must immediately inform the Executive Director so that a new payment plan and or change in due date can be made.

X _____
 Parent Signature

_____ Date

To be completed by NFBGC Personnel

CEO Signature: _____ Date: _____

Payment Plan Approved on: _____

*A copy of this payment plan will be placed in the youth's file and updated accordingly.