BOYS & GIRLS CLUB OF THE PRAIRIE BAND POTAWATOMI NATION
FINANCIAL AID APPLICATION

APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:

GROSS INCOME FOR ALL HOUSEHOLD MEMBERS (MUST PROVIDE PROOF OF INCOME FOR ALL IN HOUSEHOLD - EXAMPLE PAYSTUB TAX RETURN ECT.)		
List Names of ALL Household Members:	Earnings from Work **Before** Deductions (including overtime pay) & How often paid:	Other Regular Income: Welfare, Child Support, Alimony, Social Security, etc.

SIGNATURES	
I certify that all information on this application is true and that all income is reported. I understand that the BGC officials may verify the information. I understand that if I purposely give false information, my children may loose membership benefits, and I may be prosecuted.	
Signature of applicant:	Date:
Print Name:	

FOR BGC USE ONLY – DO NOT WRITE BELOW		
Executive Director Signature:		
Date:	Approved □	Denied □
Total annual income:		□ Income over allowed amount
Household Size:		□ Incomplete application