

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 lose 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