



BOYS & GIRLS CLUBS
OF HARRISONBURG AND
ROCKINGHAM COUNTY

BGCHR Financial Club Assistance Form

Boys & Girls Clubs of Harrisonburg & Rockingham works every day to create a safe, fun environment so your children can have every opportunity to be successful in life. Our mission is to serve those that need us most, by making sure cost is not a barrier to the development of our community's young people. We work diligently to provide programs that are affordable to the families we serve. Financial assistance is available to those who may need some help with our programs offered fee(s). **With this application, please provide a letter of support on your behalf from an outside source (from someone to whom you are not related).**

Boys & Girls Club Unit: _____

New Applicant

Renewal Applicant

Assistance needed for: Before/After School Summer Today's Date: _____

Please list the names of all children you are applying for whom you need a scholarship:

Child's Name	Date of Birth	Grade	Gender	Paid, Free or Reduced Lunch? (Please select one)

Parent(s) Name	Phone Number	Email	Address

Requesting assistance for: Full Scholarship Partial Scholarship

If you selected a Partial Scholarship, how much can you comfortably afford to pay of the weekly fee each week? *Current cost: School year \$25 full week, part-time \$15 full days \$10 Summer \$50, Siblings \$35, part-time \$30*

Answer Amount Here: _____



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Please answer the following questions:

Is your child (ren) currently a Boys & Girls Club member(s)? _____

Please let us know why you are applying for financial Club assistance:

For Office Use Only:

Club being requested (choose from dropdown):

Other _____

Received letter of support

Approved Denied: By _____

Full Assistance Partial Assistance How much? _____

Unit Director Signature: _____ Date: _____

Renewal required date: Academic year Summer Camp: Date _____

Comments:
