

FINANCIAL ASSISTANCE APPLICATION

Buhl Community Recreation Center

Please complete all items of this application to the best of your ability.

Name of applicant: _____ Date of Application: _____

Home Address: _____

(number and street)

(city and state)

(zip code)

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Employer or School: _____ Email address: _____

If Adult, Spouse's Name: _____ Employed By: _____

If Youth, Parents' Names: _____ Employed By: _____

Please list names and ages of dependent children. (Must be under age 18 or full-time students under age 25):

Name: _____ Date of Birth: _____ Grade: _____ School: _____

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Total Number of people living in household: _____ Number of Adults: _____

Type of Membership Requested:

_____ Youth (Ages 6 - 14)

_____ Adult (age 18+)

_____ Student (Ages 15 - 18)

_____ Family (Parents & children age 18 and younger)

_____ College Student (under age 25 need verification of full-time status)

Monthly Amount Applicant is willing to pay \$ _____

Annual Family Income:

_____ Under \$9,000

_____ 20,000-24,000

_____ 9,000-12,000

_____ 24,000-28,000

_____ 12,000-16,000

_____ 28,000-32,000

_____ 16,000-20,000

_____ Over 32,000

How did you hear about our Financial Assistance program? (check one)

Friend Newspaper Radio Brochure Other _____

Additional Information:

1. Are you a single-parent household? Yes No

2. Have you ever applied for assistance before? Yes No
If yes, when? _____

3. Have you ever volunteered at a BCRC? Yes No

If yes, in what position and how many hours? _____

4. Why are you applying for financial assistance? _____

5. What benefits do you see in having a membership to join this BCRC?

Income (Monthly)	Amount	Office Use Only
Wages, Salaries & Tips	\$	
Unemployment Compensation	\$	
Social Security	\$	
Child Support	\$	
Food Stamps	\$	
Public Assistance	\$	
Alimony	\$	
Total Income	\$	

- 1. Documentation of all income for all adults in the household as listed above.**
- 2. All documentation to be attached to this application.**
- 3. Only the people you have listed on the FA application can be on the membership.**
- 4. All children out of high school up to the age of 24 must be in college to be on the family membership. (college verification required – class schedule)**
- 5. Children out of high school and not in college must apply for their own membership.**

If we do not have all the information needed, the application will be returned to you.

Please allow a minimum of two weeks for this application to be processed and approved, or denied, by the BCRC. You will be contacted in writing.

The above information is certified to be correct to the best of my knowledge and I have read and understood the guidelines of this assistance program.

Signature: _____ **Date:** _____