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: ___________

Name: ______________________ Date of Birth: _______ Grade: ___ School: ___________

Name: ______________________ Date of Birth: _______ Grade: ___ School: ___________

Name: ______________________ Date of Birth: _______ Grade: ___ School: ___________

Name: ______________________ Date of Birth: _______ Grade: ___ School: ___________

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?

_____________________________________________________________________________
_____________________________________________________________________________

<table>
<thead>
<tr>
<th>Income (Monthly)</th>
<th>Amount</th>
<th>Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, Salaries &amp; Tips</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Food Stamps</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Public Assistance</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Alimony</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

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: ______________