



Gila Valley Boys and Girls Club

Request for Assistance

This form must be filled out each month, regardless of change in income or expenses. Return it to the Membership Office by the 15th of the month prior to the month assistance is needed. Late forms will not be considered. Please attach copies of the last months paycheck stubs for all individuals in the household, copy of a rental agreement or mortgage statement, as well as the last months worth of necessity bills i.e. utilities, insurance, car payment.

Branch _____ Child's Name _____
Program _____ Month of _____
Parent's Name _____ Home Phone _____
Address _____ Work/Cell Phone _____

Income Information

Household Income _____ Child Support _____
Housing Assistance _____ Food Stamps _____
Social Security _____ Unemployment _____
Workman's Comp/Disability _____

Expenses Information

Number of Children _____ Rent/Mortgage _____
Utilities _____ Food Expenses _____
Child Care Payment _____ Other _____

Reason for assistance: _____

Parent Signature: _____ Date: _____

Office Use Only

Approved _____ Denied _____ Amount Scholarship _____ Amount to be paid _____
