



**Boys & Girls Club
of Corvallis**

Office use only	
Rec'd: _____	Call date: _____
Proof of Income Attached	___ Yes ___ No
LEC Monthly Fee: _____	
Approved by: _____	

Learning & Enrichment Clubs Monthly Fee Application Form

BGCC is committed to making sure that all who have a need for out-of-school services are able to access our outstanding academic and enrichment opportunities. To achieve that goal, the Club has implemented a sliding scale fee based on family size and income.

Please be aware that to be eligible for the sliding scale fee, we require income verification and proof of any other assistance you are receiving. The monthly fee level will be set once per school year. Please attach proof of income to this form prior to turning it in.

**PLEASE FILL OUT ALL OF THE FOLLOWING INFORMATION
INCOMPLETE FORMS WILL NOT BE PROCESSED!**

Once all required information is submitted, there is a two day processing period for the Learning & Enrichment Clubs program. We will contact you with the results and the amount of monthly fee. The Fee must be paid on the 1st of each month in order for your child to continue to participate in the LEC program.

Child's Name _____ Date _____	
Address _____ City _____ Zip _____	
School _____ Grade (circle) K 1 2 3 4 5 6 7 8 9 10 11 12	
Parent or Legal Guardian _____ Day phone: _____	
Employer _____	
E-mail _____	
Parent or Legal Guardian _____ Day phone: _____	
Employer _____	
E-mail _____	
<u>Financial Information</u>	
<i>(All blanks must be filled in with amount or N/A)</i>	
Family Size _____ Number of Children _____	
Total Gross Monthly Wages (your wages & spouse or other) \$ _____ Monthly Child Support \$ _____	
TANF/AFDC/Welfare \$ _____ SSI \$ _____ SSDI \$ _____ Grant/Scholarships \$ _____	
Food Stamps \$ _____ /Month DHS \$ _____ Other \$ _____	
Total Family Income (add ALL above amounts) \$ _____	

I certify that the above information is accurate and complete to the best of my knowledge. I give the Boys & Girls Club of Corvallis permission to verify all of the above information. I have provided proof of income and all financial assistance received. I understand that any incorrect information will result in immediate termination of this request.

Parent Signature _____ Date _____ rev 6/2017