

BHC FINANCIAL AID APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent <i>(Please circle)</i>	Monthly payment or rent:	How long?

CHILDREN

Sport requesting:		
Children names		Birth Date
1.		
2.		
3.		

FAMILY INCOME

Applicant monthly income:		
State/Federal Aid		Case#
Child Support		
Total Monthly income:		

VOLUNTEER AVAILABILITY

Special skill:		
Time you are available to volunteer:	Days	Hours

SPOUSE EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	Annual income:

RACE/ETHNIC GROUP (OPTIONAL)

Black	Filipino	Native American
Japanese	Hispanic	Chinese
White	Pacific Islander	Other:

MARITAL STATUS

Single	Married
Divorce/Separated	Partnership/Widow (er)

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date: