



## 2024 Financial Assistance Information and Scholarship Application

Parent/Guardian Full Name: \_\_\_\_\_ Club Member(s) Full Name(s): \_\_\_\_\_

**Have you applied for the Meal Application through MSUSD** \_\_\_Yes\_\_\_ No \_\_\_Prefer Not to State

If Yes, were you approved? \_\_\_Yes \_\_\_No

(If you were approved for the Meal Application through MSUSD your BCGS program fees will also be covered)

We are here to do whatever it takes to serve those who need us most. Please explain the "need" for your child(ren) to attend the Club during this time:

---

---

---

---

We understand that these are challenging times for everyone. Please let us know how much you are comfortable contributing to the afterschool program per child per session

\_\_\_\$20 \_\_\_\$30 \_\_\_\$40 \_\_\_Other: \$\_\_\_\_\_

Is there anything else you would like us to know, or any additional circumstances you would like us to consider?

---

---

---

Parent/Guardian: \_\_\_\_\_

Printed Name

Signature

Date