



BOYS & GIRLS CLUB
OF GREATER SHASTA

Scholarship Application

School-Year Program, 2020

Administrative Office

Tel: 530-220-7623

Email: info@bgcgreatersthasta.org

803 Cedar Street, Mt. Shasta

Parent/Guardian Full Name: _____

Club Member(s) Full Name(s): _____

Have you applied for financial assistance through the Siskiyou Child Care Council?

Yes

No *If not, please apply through them first by calling their Office at (530) 938-2748. More info regarding the Siskiyou Child Care Council is on the back of this form*

If so, were you approved for financial assistance through the Siskiyou Child Care Council?

Yes

No

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 School-year program each week per child:

\$15/Week

\$20/week

\$30/Week

\$50/Week

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

Authorized by CEO: _____
Printed Name Signature Date



Administrative Office
Monday - Friday
8:00am to 5:00pm
closed 12:00pm-1:00pm
Tel: 530-938-2748 or 800-300-2748
Fax: 530-938-2741

info@siskiyouchildcare.org

SISKIYOU CHILD CARE COUNCIL

Payment Assistance Programs

To receive subsidized child care and development services, **families must meet income eligibility and need criteria**. The family income and family size determines eligibility and the need is established when parents are employed, seeking employment, participating in vocational training, homeless and seeking permanent housing, or incapacitated.

INCOME ELIGIBILITY

A family is income-eligible if their gross monthly income **does not** exceed the amount indicated on the chart below, as corresponds to their family size.

Family size is roughly determined by the total number of adults and children living in the home.

Countable Income sources include: wages/salaries, self-employment income, child support/spousal support, Cash Aid (TANF or CalWORKs), worker's compensation, disability insurance payments, unemployment, pensions or annuities, veteran's benefits.

<u>Family Size</u>	<u>Family Monthly Income</u>
1-2	\$5,540
3	\$6,157
4	\$7,069
5	\$8,199
6	\$9,330
7	\$9,542
8	\$9,755
9	\$9,967
10	\$10,179
11	\$10,391
12	\$10,603

NEED CRITERIA

Every parent or guardian must fulfill one of the following **need** requirements:

- working
- in a training program
- going to school
- have a reason they cannot care for their own children
- A written referral from the appropriate legal, medical, or social service agency may establish eligibility under the following conditions:
 - Children who are in need of protection from, or who are at risk of abuse, neglect or exploitation.
 - Children whose parents are incapacitated and cannot provide adequate care for their children.