

Friends of the HB City Junior Guards

Financial Aid Application

Please fill out this form in its entirety. Once you are completed with the form please attach your personal statement (space provided on second page) and your most recent IRS Tax Form 1040 with your Social Security number blacked out.

Personal Information

Child's Name: First _____ Last _____ MI _____

Phone Number () _____ Child Age _____ Sex: M F

Street Address _____ City, Zip Code _____

Financial Information

Total Gross Income of Household _____ Number of Children _____

Are you receiving Government Assistance? YES NO

If yes, how much? Spousal support, child support, etc. _____

Program History

Have you been enrolled in the HB Junior Guard Program? YES NO

Do you have other children in the HBJG Program? If so, how many? _____

If yes, how many years and what rank was achieved? _____

Have you applied to this financial aid before? If so, how many years have you received financial aid? _____

Agreement

Parent and child please read the following:

Child: I understand that if I do not complete the entirety of the summer program, all monies shall be returned to Friends of HB City Junior Guards, and I will not be eligible for any other financial aid from Friends of HB City Junior Guards for the program.

Parent: I understand that upon completion and signing of this document, it is expected that I will volunteer during the upcoming summer events.

By choosing "I agree", you and your parent are agreeing to the terms listed above.

I agree I disagree

Parent Signature: _____ Date: _____

