

# Friends of the HB City Junior Guards Financial Aid Application

Please fill out the form in its entirety. Please attach your personal statement (space provided on the second page) and your most recent IRS Tax Form 1040 with your Social Security number blacket out.

## Personal Information

Child's First Name \_\_\_\_\_ Last \_\_\_\_\_ M.I. \_\_\_\_\_

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 acheived? \_\_\_\_\_

Have you applied to this financial aid before? If so, how many year 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, al 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 \_\_\_\_\_