

Non-Member Application

Child Name: _____ Child's Age: _____

Child's School: _____ Child's Grade: _____

Parent/Guardian Name: _____

Physical Address: _____

Home: _____ Work: _____ Cell: _____

Email Address: _____

Preferred Pick-Up Location and time? Please CIRCLE your preference*

LIBERTY Elementary School	RJK	FALLSBURG TOWN CLERK	CIRCLEVILLE (office)
Tuesday, 8/28, 4-6 pm	Monday, 8/27, 12:30-4pm	Monday, 8/27, 6:30-8 pm	Tuesday, 8/28, 9a-5p
Wednesday, 8/29, 4-6pm	Tuesday, 8/28, 9a-12:30p	Wednesday, 8/29, 6:30-8 pm	Wednesday, 8/29, 9a-5p
			Thursday, 8/30, 9a-5p

*Dates subject to change.

I understand that my application does not guarantee my child will be able to participate in Backpacks for Hope and I further understand my application does not guarantee my child will receive specific supplies. I agree to give these items to my child, and will not attempt to re-sell these items.

Parent/Guardian Name (Please PRINT) Parent/Guardian Signature Date

Non-Member Application

We are happy to be able to help as many children as we can have a GREAT start to the school year!

In order to help the children who truly need us most, we have implemented an application process for any child who does not attend Boys & Girls Clubs' before or after school programs and or our summer day camps.

Applications will be accepted on a first-come, first-serve basis as long as our resources allow by the date below.

If submitting for multiple children, please fill out a separate application for each child.

**Please attach the following income documentation to your application:
Only one copy of your family's income documentation is required.**

- Proof of Gross Income before taxes, which includes social service benefits, alimony or child support, paid retirement benefits and salary or wages.
- 2017 W-2 Forms
- Three (3) consecutive pay stubs
- Copy of free/reduced lunch verification from your child's school district.

This application **MUST** be received by our office by **no later than August 10, 2018.**

You may submit the application via

Email to office@bgcorange.org

Fax to (845) 342-8836

Mail to P.O. Box 14, Circleville, NY 10919

OR drop it off to our Clubhouse at 60 Creamery Road in Circleville, NY.

We will let you know by **Thursday, August 16, 2018** if your child's application has been accepted.

Please call our office at (845)342-8833 with any questions.