BCGV FEE AMENDMENT REQUEST AND AUTHORIZATION

PENDING MEMBER APPLICATIONS WILL NOT BE ACCEPTED **INCOMPLETE FORMS WILL NOT BE PROCESSED**

Part 1. APPLICANT **(complete part 1-3 and submit to BGCV)**

Name (Last, First, MI) Membership Number

Current Address (Apt., Street, City, State, Zip Code) *(enter below)* Home Phone :

PARENT INFORMATION

Name (Last, First, MI) Work Phone : Cell/other:

Email Address (if applicable):

Part 2

You are encouraged to complete and small interview with BGCV Staff to help determine eligibility.
My Eligibility Meeting was completed on _____(month) _____ (day) _____(year)
My Eligibility Meeting is scheduled for _____(month) _____ (day) _____(year)

Have you received a BGCV Fee Amendment before? Yes _____ No_____
Have you ever defaulted on a BGCV Fee Amendment? Yes_____ No _____

Are you currently receiving any other assistance, scholarships, discounts or grants provided for/by BGCV? Yes ____ No ____
If yes please name source:_____

All information submitted is true and accurate. Verifiers INITIALS: _____

Current Program Requesting Assistance For **(Check all that apply)**
_____Membership _____Summer Camp ____ ASP I/ ASP II _____Boxing _____General Account Fees
_____Other: (specify) _____

Part 3

Reason For Amendment. Please Provide As Much Information As Possible.

_____
_____

BGCV Member Status

___ Currently Enrolled ____Pending Enrollment (awaiting payment) ____Removed (due to non-payment)
_____Removed (due to discipline) _____ Other (_____)

If you are requesting an extension of $5 or more, you must complete the following:
Total Outstanding Balance $_____ Days Past Due_____ Original Payment Due Date _____

If unable to pay full amount at one time, please request a Payment Plan Form.

AMENDMENT REQUEST DATE _____/____/_____ (Check one) _____**Payment Fee** _____ **Payment Source**

Monthly Household Income:_____ Source:_____
Amount of Monthly Expenses (Prior to BGCV):_____

Amendment Request Details
ORIGINAL AMOUNT DUE: $_____ AMENDMENT REQUEST:$_____

ORIGINAL DETAILS:_____
_____
AMENDMENT DETAILS:_____
_____

PAGE ONE

Part 4. **READ THIS before you sign it!**

CERTIFICATION: I hereby agree to all criteria set forth by the BGCV in terms of Payment. I understand that failure to adhere to payment schedule or produce a check that is returned with insufficient funds will result in automatic denial of this and future Extension Request.

Print Name _____ Signature _____ Date _____

Part 5. UNIT (BGCV STAFF ONLY)

Date Of Entry in BGCV System	Staff Title	Initials	Staff Recommendation
			( ) Approval ( )*****Disapproval

Member has been in the BGCV for minimum 2 months? ___YES ____NO (*attach remarks)

Part 6. CPO DECISION (BGCV CPO ONLY)

CPO COMMENTS	CHANGES		**CPO DECISION**
			( ) Approval ( )*****Disapproval

(*attach remarks)

Person To Refer To Regarding Decision:

Printed Name Title Phone Signature Date

PRIVACY ACT STATEMENT

Pursuant to C.R.S. 23-5-111.4 the information contained on this form is for the "*official use only*" and is used exclusively for processing the applicant's fee extension request. Release of personal information is not authorized without the consent of the applicant.