BCGV FEE EXTENSION REQUEST AND AUTHORIZATION

LATE 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 Extension before? 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 Extension. 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.

EXTENSION REQUEST DATE _____/____/_____ (Check one) _____**Pay In Full** _____**Partial (Payment Plan)**

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)

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.