Beyond Bounds Program





CLAforChildren.org

Application for Funding of Extra-Curricular Activity

APPLICANT INFORMATION			
Student Name (Last, First):			
Parent/Guardian Name (Last, First):			
Address (Street, City, State, Zip):			
Email Address:		Phone:	
Student's School:		Grade:	Age:
PROGRAM INFORMATION			
Name of Extra-Curricular Program:			
Contact Person of Extra-Curricular Program:			
Phone: Cost of Program:			
How did you hear about the Beyond Bounds Program?			
STUDENT COMMITMENT			
□ Student is in grades K-5	☐ Student is in gra	ides 6-12 (Please read a	and sign)
Should I,	-		•
Student Name			
full and active participation in the above named extra-curricular program for its duration unless illness, injury, or family emergency prevent me from doing so.			
Agreement			
AGREEMENT			
Student Name (print)	Student Signature		Date
Parent/Guardian Name (print)	Parent/Guardian Signa	ature	Date
TERMS			
Please Note: This application must be completed in its entirety in order for funding of your activity to be considered. Additionally, this application must be accompanied by a copy of the most current report card if the applicant is in 6th -			
12th grade. Funding (up to \$100) will be awarded in the form of a check to the extra-curricular agency/organization.			
Activities may include but are not limited to sports, dance, cheerleading, gymnastics, martial arts, music, art, theater, academic tutoring, and after school clubs. Complete guidelines of the Beyond Bounds Program may be viewed on			
our website at CLAforchildren.org. I also understand that CLA may utilize my child's name and photo in promoting the Beyond Bounds program.			
The referring organization must return the completed application by:			
Mail: 1621 W. 25th St #148, San Pedro, CA 90731; or Fax: (310) 514-0285; or Email: info@CLAforchildren.org			

v1.3 - 20110923