If you would like to request a scholarship,
please complete the attached application
and bring it with you to your registration appointment.

To qualify for a scholarship, you must meet certain income guidelines.

Make sure to bring the following documentation with you:

One month's worth of payroll verification (most recent month)

Or

Your most recent tax return

Verification is required for all parents living in the household
and/or paying fees for the child.

Scholarships will be approved or denied within 48 hours.

If you are applying for a scholarship, you must pay the
$60 membership fee, and at least 50% of the first month of the after school program
or the first week of day camp.

BOYS & GIRLS CLUBS
OF GREATER SAN DIEGO

SCHOLARSHIP APPLICATION

Scholarship Requested for:

- □ Afterschool Program/Transportation
- □ Day Camp
- □ Sports Leagues

Date Submitted: _____

I/WE UNDERSTAND AND AGREE TO ABIDE BY THE FOLLOWING:

- Scholarships are available based on gross income, size of family and related factors. Awards are granted as a 15% to a 50% reduction in fees. Scholarships apply to most programs.
- You are ineligible for BGCGSD assistance if any other assistance programs pay for your child's fees.
- To maintain your scholarship, fees must be paid in advance. If you are having hardships, please discuss payment options with the branch manager.
- Failure to make payments in a timely manner will result in the enforcement of the three strikes rule.

THREE STRIKES RULE

Children of parents who are chronically late picking up their children or chronically late making payments may be denied continued service. The second time the payment is late we will notify you of the impending drop. The third time we will give you 24 hours' notice of expulsion from the Club.

I have read and I understand the policies of the Boys & Girls Club. I agree to abide by the provisions as stated above and in the parent handbook. I agree to pay the above-mentioned charges on or before each due date in accordance with the regulations contained herein.

_____ _____
Parent/Guardian Printed Name Best Contact Phone Number

_____ _____
Parent/Guardian Signature Date

APPLICATION FOR SCHOLARSHIP

Child(ren) to be enrolled:

	Name	Program	Grade	Age	School
1.					
2.					
3.					
4.					

Household Information

List all household members	Age	Gross Monthly Income (before deductions)	All other income received last month: welfare, child support, social security.
1.			
2.			
3.			
4.			
5.			
6.			
Total household size		Total Monthly Income verification required	

Please share any other extenuating circumstances that should be considered when evaluating your scholarship request:

Parent's Signature _____ Phone Number _____ Date _____

Administration Recommendation: Approved for_____% Disapproved_____

Scholarship Effective Date: _____ Expiration Date:_____

Comments:_____

Approved by:_____ Date:_____