

**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.**



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 BGCSD 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: _____	