



BOYS & GIRLS CLUB  
OF COLLIER COUNTY

# 2016-2017 SCHOOL YEAR SCHOLARSHIP APPLICATION

Failure to provide the proper information requested may cause your scholarship request to be denied.

CLUB MEMBER LAST NAME: \_\_\_\_\_

First Names of Children Registering	Date of Birth	School Attending

Please list the names of **ALL** other people living in the household

Name	Date of Birth	Relationship to Household

Single Parent Household: \_\_\_\_ Yes \_\_\_\_ No

Is your child/children enrolled in the free/reduced lunch program at school? \_\_\_\_ Yes \_\_\_\_ No

Total number of children applying for scholarship: \_\_\_\_\_

Total number of children living in the household: \_\_\_\_\_

Total number of adults living in the household: \_\_\_\_\_

Based on availability of funding, scholarship assistance may be offered on a full or partial basis to cover your child's summer membership dues. Please complete the following form, attach copies of necessary documents, and submit with your completed registration form. You will be notified in writing if your scholarship has been approved or denied.

The following documents for all household members must be submitted with your scholarship application in order to be reviewed for scholarship:

Mark Document Returned	Document
	Copy of 2015 tax return
	Last 2 pay stubs for all employed or letter from employer stating hours and pay rate
	Proof of unemployment

Please provide specific information regarding family hardships or special circumstances that you would like considered when reviewing your scholarship application:

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Please list **ALL** Monthly Household Income for **ALL** household members:

<b>Source</b>	<b>1 – Self</b>	<b>2 – Other</b>	<b>3 – Other</b>	<b>4 – Other</b>	<b>Total</b>
Gross wages, salaries, tips, etc.					\$
Social Security, pension, annuity, veteran's benefits, unemployment					\$
Alimony, child support, military family allotments					\$
Income from business / Self Employment					\$
Rent, interest, dividends					\$
Other Income					\$
<b>Total Income</b>	\$	\$	\$	\$	\$

I hereby acknowledge that the information that I have given in this scholarship application is correct. I understand that this application will be void if I give false information.

I understand that by accepting a scholarship, my child(ren) must attend the Boys & Girls Club on a regular basis (at least 4 days per week) or they may lose their scholarship and space.

I understand that all scholarship information is to be kept confidential by both Boys & Girls Club and myself. Should I discuss my scholarship with anyone, it will be revoked.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only:**

Scholarship Approved Date: \_\_\_\_\_ % Off: \_\_\_\_\_

Total Monthly Program Fee: \_\_\_\_\_ Deposit: \_\_\_\_\_