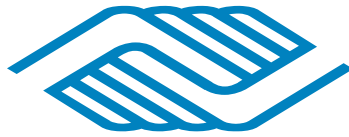


# GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB  
OF WESTERN LANE COUNTY**

## **SCHOLARSHIP APPLICATION**

The Boys & Girls Club of Western Lane County is committed to serving our youth, especially those who need us most. Our policy is to never turn a child away due to inability to pay, but we ask that parents understand that the minimal fees that are asked from parents help to create long term sustainability for our programs. In this spirit, there are limitations on what services we can offer at a reduced rate. Scholarships will be reviewed on a quarterly basis. Separate scholarship forms are required for the After School and Summer Programs. **Scholarships are not available for membership fees of \$25 annually per child.**

**Please be aware that to be eligible for consideration, we require income verification and proof of any other assistance you are receiving. Scholarships are not retroactive.**

### **PLEASE FILL OUT ALL OF THE FOLLOWING INFORMATION INCOMPLETE FORMS WILL NOT BE PROCESSED**

Proof of income includes income tax form, pay stub, copies of letter of approval from DHS, Disability, Child Support, Housing Assistance and Food Stamps. Expense documents include all bills to verify monthly expenses. All sections must be completed in order to be processed. Completed applications will be processed within one week of being submitted. A separate application must be completed for each program. All financial aid expires annually on August 31<sup>st</sup>.

I have read the above scholarship policy and understand the eligibility qualifications for the Boys & Girls Club programs. I understand that all income must be reported. I understand that this information is being given for the purpose of obtaining fee-reduced services and that the Boys and Girls Club of Western Lane County may verify the information on this application and that deliberate misinterpretation of the information may subject me to prosecution under applicable State and Federal Laws.

**Confidentiality:** All confidential information requested is for our records and for funding our organization receives. The answers you provide will be kept confidential and will not be shared with other organizations except by court order.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Kindergarteners must have started Kindergarten before attending BGCWLC**

Child's Name: \_\_\_\_\_ AGE: \_\_\_\_\_  
Grade (circle):    K   1   2   3   4   5   6   7   8   9   10   11   12  
Parents Legal Guardian Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Program Requesting Scholarship for: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_ AGE: \_\_\_\_\_  
Grade (circle):    K   1   2   3   4   5   6   7   8   9   10   11   12  
Parents Legal Guardian Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Program Requesting Scholarship for: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_ AGE: \_\_\_\_\_  
Grade (circle): K 1 2 3 4 5 6 7 8 9 10 11 12  
Parents Legal Guardian Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Program Requesting Scholarship for: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_ AGE: \_\_\_\_\_  
Grade (circle): K 1 2 3 4 5 6 7 8 9 10 11 12  
Parents Legal Guardian Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Program Requesting Scholarship for: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Father's Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

## CURRENT HOUSEHOLD BUDGET

To be attached to Scholarship Application

INCOME	Amount	EXPENSES	Amount
Total Monthly Gross Wages		Rent/Mortgage	
Tips/Bonuses/Commission		Electric	
Alimony		Other Heat Source	
Child Support		Auto Payments	
Other Court Appointed Income/Support		Auto Insurance	
Employment Related Day Care - ERDC (DHS)		Food	
SNAP Food Benefits (DHS)		Child Care	
TANF Child Care Services (DHS)		Garbage	
TANF Housing Assistance (DHS)		Water	
TANF Utility Assistance (DHS)			
Social Security			
SSI/Disability			
Pension/Retirement			
Unemployment			
Annuities/Stock/Investments			
Other Income (Specify)			
<b>TOTAL GROSS INCOME</b>		<b>TOTAL EXPENSES</b>	

DEDUCTIONS	
Rough Tax Estimate	
Child Support Payments	
<b>Net Income</b>	

## Household Information

Total Adults (18 or older) in the same household you are supporting: \_\_\_\_\_

Total number of children in the household you are supporting: \_\_\_\_\_

Are any of the children foster children Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the caseworker's:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you receive financial assistance for the child(ren): Yes \_\_\_ NO \_\_\_

If yes, please list the amount: \$ \_\_\_\_\_ per child Total: \$ \_\_\_\_\_

**I certify that all the above information is accurate and complete to the best of my knowledge. I have provided proof of income and all financial assistance received. I understand that any incorrect information will result in immediate termination of this request**

**I understand and agree that I will contact the Boys & Girls immediately at any time my income changes or my employment changes for any reason.**

**I understand and agree that all scholarship/financial agreements automatically terminate on August 31. I must reapply for the After School Program each new school year. The Summer Program and Sports Programs are separate programs and I must apply separately to participate in the Summer and/or Sports Programs.**

\_\_\_\_\_

**Signature of Parent/Guardian**

**Date**

If you receive a scholarship, would you be willing to volunteer some time for Boys & Girls Club of Western Lane County events, programs and/or field trips? Yes\_\_\_\_\_ NO\_\_\_\_\_

I would like to volunteer for:  
Elementary\_\_\_\_\_ Teen Center\_\_\_\_\_ Special Events\_\_\_\_\_

**Official USE ONLY – Comments & Determinations**

Date: \_\_\_\_\_ Approved Scholarship Amount: \$\_\_\_\_\_

Parent/Legal Guardian Co-Pay: \$\_\_\_\_\_

Program Type: \_\_\_\_\_ After School Program Elementary

\_\_\_\_\_ Summer Program Elementary

\_\_\_\_\_ Teen Center

\_\_\_\_\_ Sports

\_\_\_\_\_ Drum Corps

NOTES:

Executive Director Signature: \_\_\_\_\_