



Scholarship Application

Club Member Name(s):

Parent/Guardian Name(s):

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number (____) _____ Email: _____

Total number of adult occupants living in the household: _____

Total number of minor occupants living in the household: _____

**Each child may receive only TWO scholarship awards per calendar year.
Proof of income is required.**

In order to receive a Boys & Girls Club Scholarship **one of the listed *assistance programs** MUST be reported. Upon receipt of this application and income verification, it will be reviewed and you will be notified of the determination of your eligibility.

****If a family qualifies for any of the following assistance programs that are income based they will be eligible for a scholarship. The type of assistance the family receives will determine the type of scholarship (ie. Reduced lunch = 75% scholarship). An acceptance letter or card for the qualifying program is required with the parent and/or child's name listed.***

Programs that qualify include but not limited to:

100%

- Free Lunch Program
- Food Stamps
- TANF Funding/Asst.

75%

- Reduced Lunch Program
- Denali Kid Care
- Alaska Housing

I hereby submit that the above information is true and correct and understand that any discrepancies found may result in termination of financial aid, and will be responsible for full remittance of the scholarship amount.

My signature indicates that I have read, understand and agree to the above stated policy:

Parent/Legal Guardian Signature: _____ Date: _____

Printed Name: _____

Staff Signature: _____ Date: _____

