



## Scholarship Application

Please fill out this form completely, so your application can be processed in a timely manner. The Club will notify you regarding your level of scholarship assistance. Youth will be allowed to begin participation in programming when this form has been processed AND any fees owed are paid or payment plans are made. If you wish to start the program before this application is processed, you will be responsible for your child(ren)'s program fee in full.

### **Step 1: Names of Children Who Will be Attending Summer Program:**

(use first and last names)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### **Step 2: Mother's Information**

Mother's name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you a single parent household?  Yes  No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

### **Step 3: Other Sources of Monthly Income for Mother**

Child Support: \_\_\_\_\_

SSI: \_\_\_\_\_

Food Stamps: \_\_\_\_\_

Disability: \_\_\_\_\_

Other: \_\_\_\_\_

Do you receive childcare assistance?  Yes  No



**BOYS & GIRLS CLUB**  
OF FOND DU LAC, INC

**Step 4: Father's Information**

Father's name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you a single parent household?  Yes  No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

**Step 5: Other Sources of Monthly Income for Father**

Child Support: \_\_\_\_\_

SSI: \_\_\_\_\_

Food Stamps: \_\_\_\_\_

Disability: \_\_\_\_\_

Other: \_\_\_\_\_

Do you receive childcare assistance?  Yes  No

**Step 6: Request for Documentation**

Helpful supporting documentation:

- Most recent Tax Return **OR** work pay stubs for each parent
- Proof of any state or federal government aid, (ie, food stamps, welfare, etc.)
- All other sources of income as reported in Step 3 and Step 5

**Inability to pay will not be a barrier.** All circumstances will be considered and steps will be taken to ensure children's program participation. Please feel free to add any special circumstances that may be helpful to club personnel in understanding your family needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Step 8: Parent / Guardian Signatures**

*I certify that all of the above information is true, accurate, and complete to the best of my knowledge and give permission to the Boys & Girls Club of Fond du Lac to verify all of the above information. I am also aware that it is my responsibility to notify the Boys & Girls Club of Fond du Lac of any change in information in this application such as income, address, or other matters that might affect my eligibility for financial assistance, or my scholarship may be terminated.*

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