



Boys & Girls Club  
of Corvallis

Rec: \_\_\_\_\_ Call date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Scholarship Amt. \_\_\_\_\_ % Total Due \_\_\_\_\_

Notes: \_\_\_\_\_

## SCHOLARSHIP REQUEST FORM

At the Boys & Girls Club of Corvallis, it is our policy to strive to make our programs available to all families, including those who are in financial need. Most programs have scholarship funds that may be available. **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 attach proof of income to this form prior to turning it in.**

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

Once all required information is submitted, there is a one-week verification period for all Academic & Enrichment programs. We will contact you with the results and the amount of the allocation, if applicable.

You are responsible for the balance of program fees above the scholarship amount. This balance must be paid before your child can be registered in the requested program.

Child's Name _____	Date _____
Address _____	City _____ Zip _____
School _____	Grade (circle) K 1 2 3 4 5 6 7 8 9 10 11 12
Parent or Legal Guardian _____	Day phone: _____
E-mail _____	
<b><u>Program Requesting Scholarship For:</u></b>	
Program _____	Cost _____

<b><u>Financial Information</u></b>	
<i>(All blanks must be filled in with amount or N/A)</i>	
Family Size _____	Number of Children _____ Parent(s) Name(s) _____
Names/ages of children _____	Number in our Programs _____
Total Gross Monthly Wages (your wages & spouse or other) \$ _____	Monthly Child Support \$ _____
TANF/AFDC/Welfare \$ _____	SSI \$ _____ SSDI \$ _____ Grant/Scholarships \$ _____
Food Stamps \$ _____/Month	DHS \$ _____ Other \$ _____
<b>Total Family Income (add ALL above amounts) \$ _____</b>	

<b><u>Considerations</u></b>	
Are there any special circumstances that need to be taken into consideration? (Ex. both parents in school, participation in other club programs) _____	
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<b>Volunteer Work Exchange:</b>	<input type="checkbox"/> ballfield work	<input type="checkbox"/> office/clerical	<input type="checkbox"/> other _____
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I certify that the above information is accurate and complete to the best of my knowledge. I give the Boys & Girls Club of Corvallis permission to verify all of the above information. 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.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ rev 7/13/10