



**Boys & Girls Club  
of Corvallis**

## **SCHOLARSHIP REQUEST FORM**

At the Boys & Girls Club of Corvallis, it is our goal 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 processing period for all 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 (select) K 1 2 3 4 5 6 7 8		
Parent or Legal Guardian _____		Day phone: _____	
Employer _____			
E-mail _____			
Parent or Legal Guardian _____		Day phone: _____	
Employer _____			
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 _____		
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>			

**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 6/2017

Office use only	
Rec'd: _____	Call date: _____
Proof of Income Attached	___ Yes ___ No
Scholarship Amt. _____%	Total Due _____
Approved by: _____	