If you would like to request a scholarship,
please complete the attached application
and bring it with you to your registration appointment.

To qualify for a scholarship, you must meet certain income guidelines.

Make sure to bring the following documentation with you:

One month's worth of payroll verification (most recent month)

Or

## Your most recent tax return

Verification is required for all parents living in the household and/or paying fees for the child.

Scholarships will be approved or denied within 48 hours.

If you are applying for a scholarship, you must pay the \$60 membership fee, and at least 50% of the first month of the after school program or the first week of day camp.



## **SCHOLARSHIP APPLICATION**

Scholarship Requested for:	Date Submitted:
□ Afterschool Program/Transportation	
□ Day Camp	
□ Sports Leagues	
<ul> <li>factors. Awards are granted as a 15% apply to most programs.</li> <li>You are ineligible for BGCGSD assist for your child's fees.</li> <li>To maintain your scholarship, fees manager.</li> </ul>	a gross income, size of family and related to a 50% reduction in fees. Scholarships stance if any other assistance programs pay nust be paid in advance. If you are
THREE STRIKES RULE	
Children of parents who are chronically late making payments may be denied continued late we will notify you of the impending drop notice of expulsion from the Club.	• •
I have read and I understand the policies of the provisions as stated above and in the po- mentioned charges on or before each due of contained herein.	arent handbook. I agree to pay the above-
Parent/Guardian Printed Name	Best Contact Phone Number
Parent/Guardian Signature	 Date

## APPLICATION FOR SCHOLARSHIP

Name

Child(ren) to be enrolled:

1			
2			
3			
4.			
Household Information	Gross Monthly Income	All other income received last month: welfare, child	
List all household members Age	(before deductions)	support, social security.	
1			
2			
3			
4			
5			
6			
Total household size	Total Monthly Income verification required		
Please share any other extenuating circumstances that should be considered when evaluating your scholarship request:			
Parent's Signature	Phone Number	Date	
Administration Recommendation: Approved for	% Disapproved		
Scholarship Effective Date:	Expiration Date:		
Comments:			
Approved by:	Date:		

Program

Grade

Age

School