

**OFFICE USE ONLY**

Scholarship _____ %

Weekly payment \$ _____

of weeks approved: _____

Staff Approval: _____

Date: _____

2018-2019 SCHOLARSHIP APPLICATION

Dear Scholarship Applicant,

The Boys & Girls Club of Chehalis is committed to making program opportunities available to all interested youth, regardless of income. Scholarships will be awarded for a percentage discount, depending on individual circumstances. All information will remain confidential.

To be eligible for a scholarship you must meet the organization's family/size income requirements. Scholarships are awarded on a first-come, first-serve basis. A limited number of scholarships are available.

TO APPLY: Return this completed form to our main office with a copy of your most recent 1040 tax form OR a copy of your free and reduced lunch approval letter from the school; AND two recent paystubs for each working member in the household. Please contact the main office if you do not file taxes. *Extenuating family circumstances that should be considered with your scholarship application should be detailed on a separate sheet of paper and turned in with this form and the appropriate verification of income.*

The scholarship application form does not replace also completing the camp registration paperwork or reserve your spot in the program. If you have questions or concerns about registering on a scholarship, please contact the main office.

Each child participating in a Boys & Girls Club of Chehalis program for the first time during the 2018-2019 school year will also need to complete the membership application and pay the \$25 annual membership fee. This cost is not covered by the scholarship and must be paid in full to participate.

Additional fees associated with possible fieldtrips, late pick-up or others are not covered by scholarship but can be discussed with office staff if needed.

Name of child: _____ Grade: _____ Age: _____

Name of child: _____ Grade: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian #1: _____ Employer: _____

Preferred Phone: (_____) _____ Secondary Phone: (_____) _____

Email Address: _____

Parent/Guardian #2: _____ Employer: _____

Preferred Phone: (_____) _____ Secondary Phone: (_____) _____

Email Address: _____

Number of People in Household: _____ Yearly Income Before Taxes: \$ _____

Please list ALL dependent members of household and relation (additional children should be listed here):

Do you have Apple Health Insurance through (please circle provider, if you do): Amerigroup RealSolutions, Community Health Plan of Washington, Coordinated Care, United Healthcare Community Plan

I certify that the above information is correct to the best of my knowledge and is provided to the Boys & Girls Club of Chehalis for the purpose of being considered for scholarship to enable my child to attend the Boys & Girls Club of Chehalis' summer camp(s). I understand that I am required to provide evidence to verify the above information.

Parent/Guardian Signature: _____ Date: _____