

GREAT FUTURES START HERE.



Dear Scholarship Applicant,

It is the policy of Boys & Girls Clubs of North San Mateo County to make program opportunities available to all interested people, regardless of income. We provide scholarships to those who might not otherwise be able to participate. 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 be a current member of the Boys & Girls Clubs of North San Mateo County. **Scholarships will be awarded on a first-come first-serve basis and a limited number of scholarships will be available.**

Please detail any extenuating family circumstances that should be considered with your scholarship application on a separate sheet of paper and return it with this form.

A scholarship application alone does not register the participant, nor does it reserve space in a program. Registrations are processed in the order received. You will be notified once your application for scholarship has been received.

Name of Child: _____ Grade: _____ Age: _____

School: _____ Mem #: _____ Ph: _____

Household Information: Your individual information will be kept confidential.

Gross Annual Household Income	\$0 - \$10,000 _____	\$30,001-\$40,000 _____	\$60,001 - \$70,000 _____
	\$10,001 - \$20,000 _____	\$40,001 - \$50,000 _____	\$70,001 - \$80,000 _____
	\$20,001 - \$30,000 _____	\$50,001 - \$60,000 _____	\$80,001 – up _____

Member Lives With: Mom Step Mom Dad Step Dad Grandparent Other: _____

Single Parent: Yes No **65 years old or Older?** Yes No **Handicapped?** Yes No

Is this the child of military personnel? Yes No **Number in Household:** _____

Is this child a current Boys & Girls Clubs of North San Mateo County member? Yes No

Does this child qualify for a free or reduced school lunch? Yes No

APPLYING FOR FINANCIAL ASSISTANCE FOR:

Program Name _____ Program Location _____

I certify that the above information is correct to the best of my knowledge and is provided to the Boys & Girls Clubs of North San Mateo County for the purpose of being considered for scholarship to enable my child to attend the Boys & Girls Clubs of North San Mateo County programs. I understand that I am required to provide evidence, my 1040 tax return form for 2015 (or most recent), to verify the above information.

Signature of Parent/Guardian: _____ Print Name: _____ Date: _____

FOR OFFICE USE ONLY Membership #: _____	Scholarship Status: _____	Partial	Full
Approval: _____, _____, _____	Date: _____	Duration: _____	