



**SCHOLARSHIP APPLICATION**

Please fill out this form completely, so your application can be processed in a timely manner. The Club will notify you regarding your level of scholarship assistance at the e-mail provided below. Youth will be allowed to begin participation in programming when this form has been processed, fees owed are paid, or a payment plan is arranged. If you wish to start the program prior to this application being processed you will be responsible for your child(ren)'s payments in full until the application is processed.

**Step 1: Name(s) of Child(ren) Applying for: (use First and Last Names)**

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_

**Step 2: Parent/Guardian Information**

Guardian's Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Does anyone else over the age of 18 live in the home? If yes, please fill out additional information below.**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## CURRENT HOUSEHOLD BUDGET

To be attached to Scholarship Application

**Step 3: Please complete table below.**

INCOME	Amount	EXPENSES	Amount
Total Monthly Gross Wages		Rent/Mortgage	
Tips/Bonuses/Commission		Utilities (Water, Heat, Electric, Gas)	
Alimony		Auto Payments	
Child Support		Health Insurance/Medical	
Food Stamps		Food	
TANF		Child Care	
Social Security		Garbage	
Pension		Cell Phone (Phone)	
Unemployment		Clothes	
Other		Household Needs	
		Credit Card Payment	
		School Loans	
		Pet Food/Care	
		Other	
<b>TOTAL INCOME</b>		<b>TOTAL EXPENSES</b>	

### Step 4: Request for Documentation

Please attach the following documentation:

- Most recent Tax Return AND last two pay stubs for each adult listed above
- Proof of any state or federal government aid, (food stamps, welfare, SSI, SSDI, etc)
- All other sources of income listed on the budget sheet on the following page.

### Step 5: Scholarship Request

What type of assistance are you looking for? Payment Arrangement, Fee Reduction, Volunteer for Fee Reduction, or a combination of any/all.

Please explain here and put the exact scholarship amount you are looking for.

\*Note, full scholarships will not be considered.

**Step 6: Questionnaire**

If your child does not receive this scholarship, what are two other options you could have for your child?  
(Please provide at least two other options.)

Would you be willing to volunteer your time in exchange for a fee reduction? If “Yes” please explain how you could contribute to the Club. If “No”, please explain why.

**Step 7: Disclaimer**

*I certify that all the above information is true, accurate, and complete to the best of my knowledge and give permission to the Boys & Girls Clubs of Citrus County to verify all of the above information. I am also aware that it is my responsibility to notify the Boys & Girls Clubs of Citrus County of any change of information in this application such as income, address, or other matters that might affect my eligibility for financial assistance, or my scholarship may be revoked or terminated. Anyone found falsifying information may also be removed from membership and back fees collected via legal avenues.*

*Additionally all inquiries and communication in regards to this application must be done via e-mail only.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_