



BOYS & GIRLS CLUB
OF BENTON COUNTY

Scholarship Application

Date: _____ **Personal Information**

Name(s) of Child(ren) Requesting Scholarship _____

Parent/Legal Guardian (LG) Name: _____ (First) (MI) (Last)

Address: _____ Street City State Zip

Number in Household: # of Brothers Age(s) of Brothers # of Sisters: Ages of Sisters

Occupation of Father/Legal Guardian: Employed By:

Occupation of Mother/Legal Guardian: Employed By:

Financial Information

Financial Information		Gross Amount of Household Income \$	Documentation on File
Name of Source		Amount \$	
Name of Source		Amount \$	
Name of Source		Amount \$	
Name of Source		Amount \$	

Applicant:
I am applying for (CHECK ONLY ONE UNLESS APPLYING FOR BOTH SUMMER SESSIONS YOU MAY CHECK BOTH)
After School Spring : Summer 1 Summer 2 : After School Fall : Athletics

Reapplication:
YOU MUST COME IN TO REAPPLY FOR A SCHOLARSHIP EACH SESSION. YOU MAY NOT NEED TO COMPLETE A NEW APPLICATION IF YOUR FINANCIAL AND HOUSEHOLD SITUATIONS HAVE NOT CHANGED.
BY CHECKING THE REQUESTED SCHOLARSHIP SESSION BOX BELOW AND BY PLACING YOUR INITIALS BESIDE IT, YOU ARE CERTIFYING THE INFORMATION PRESENTED ABOVE HAS **NOT** CHANGED
After School Spring Initials _____ : Summer 1 Summer 2 Initials _____ : After School Fall Initials _____

I certify that the information, provided on this form, is true and correct to the best of my knowledge. If the information changes, I will notify a program staff person of the new information. I further agree to reimburse the Boys and Girls Club of Benton County for any losses resulting from misinformation presented herein.

REQUIRED: LEGAL GUARDIAN _____ Signature
_____ Printed Name _____ Date