BOYS & GIRLS CLUBS
OF CENTRAL IOWA

Membership Scholarship Application

Household Information

Parent/Guardian #1 _____ Phone _____

Parent/Guardian #2 _____ Phone _____

Mailing Address _____

Please list all dependents living in your household:

Name	Date of Birth	Grade	Club Site (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Information

Parent/Guardian #1: Are you currently employed? ( ) Yes ( ) No

Employer _____

Occupation _____

Monthly Gross Income $_____

— —

Parent/Guardian #2: Are you currently employed? ( ) Yes ( ) No

Employer _____

Occupation _____

Monthly Gross Income $_____

— —

Please list the total of any additional income: $_____

Child Care Assistance Information

I have applied for Child Care Assistance, but was denied - ❑ Yes ❑ No

If yes, provide the denial letter with your scholarship application.

Additional Information

Please provide any additional information that may help us determine the scholarship amount for your household:

_____
_____
_____
_____

What amount, per child, would you be able to pay? $_____

Please select an amount that you agree to pay each month:

❑ $60 ❑ $50 ❑ $40 ❑ $30 ❑ $20 ❑ $10 ❑$5

By signing this scholarship application, I certify that the information on this form is true and complete to the best of my knowledge. I understand that any person who knowingly and with intent files an application containing any false, incomplete, or misleading information may have benefits revoked and be held responsible for the fees covers by my financial aid.

Applicant's Name (Printed)

_____

Applicants Signature **Date**

For Office Use Only

Date Scholarship Form Received _____

Scholarship Amount Granted _____

Does a payment plan need to be established? ( ) Yes ( ) No

Total Payment Received On _____

Administration Signature _____