

SCHOLARSHIP APPLICATION

Fill out form completely. Failure to do so will result in a delay in processing the form. Any false information can result in your denial for assistance. **The following information is required:**

- Membership Application must be completed (online at www.BGC-LNV.org)
- Most recent tax year 1040 Tax Form *or* current year's W2 must be attached
- Most recent four weeks of work pay stubs
- If divorced, copy of court decree outlining amount of support due monthly
- If you receive SS/Disability, you must include document outlining your monthly benefits
- If you are currently unemployed, you are not eligible for a scholarship

Incomplete applications will be returned. Applications is responsible for making copies of all required documents. ORIGINALS WILL NOT BE RETURNED.

Child's Information

Child's Name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____
 Age _____ Date of Birth _____
 School _____ Grade _____
 How long has child been a Club member? _____ Club Membership # _____
 Weeks child will attend camp: ☐ Week 1 ☐ Week 2 ☐ Week 3 ☐ Week 4 ☐ Week 5
☐ Week 6 ☐ Week 7 ☐ Week 8 ☐ Week 9

Parent's Information - ALL INFORMATION IS REQUIRED to process your application

Mother's Name _____ Phone # _____
 Place of Employment _____
 Father's Name _____ Phone # _____
 Place of Employment _____
 Married ☐ Divorced ☐ Separated ☐ Single ☐
 Annual Family Income _____
 Total # Adults Living in Household _____ Total # Children Living in Household _____
 Are you receiving any money from other sources? Yes ☐ No ☐
 Please explain briefly why you are applying for a scholarship.

Have you received a scholarship in the past? If yes, please provide details. Yes ☐ No ☐

This does NOT mean you will automatically get a scholarship this year.

Parent's/Guardian's Signature _____

Date _____

Office Use Only

Accepted ☐ Denied ☐ Amount Parent/Guardian will pay: _____ ☐ Weekly ☐ Monthly ☐ Yearly