



## 2017 Summer Program Scholarship Request Form

**Please note that the submission deadline 4:00 PM, Monday, April 3, 2017.**

A limited number of scholarships are available for families in financial need. Financial need is based on the number of children being registered and household income. This Scholarship Request form must be submitted along with supporting documentation and may be submitted before the program registration forms. Please note that deposit fees are not covered by scholarships.

Requests for assistance are expected to exceed our available funds. Please get your application to us as soon as possible. Scholarship award announcements will be made by mail after **April 14, 2017.**

**(Print all information)**

Parent's/Guardian's Full Name: \_\_\_\_\_

Summer Program Participants:

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_ Club Site: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_ Club Site: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_ Club Site: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_ Club Site: \_\_\_\_\_

Select either **Full** or **Partial** Scholarship (**check one**)

**Full Scholarship** (For families at or below the poverty guidelines)

To apply for a full scholarship the family must demonstrate a financial need and have a household income level at or below the 2017 Federal Poverty line (see chart below).

<b>2017 Poverty Guideline</b>		
<b>Check One</b>	Persons in family/household	Poverty Guideline
<input type="checkbox"/>	1	\$12,060
<input type="checkbox"/>	2	\$16,240
<input type="checkbox"/>	3	\$20,420
<input type="checkbox"/>	4	\$24,600
<input type="checkbox"/>	5	\$28,780
<input type="checkbox"/>	6	\$32,960
<input type="checkbox"/>	7	\$37,140
<input type="checkbox"/>	8	\$41,320
<input type="checkbox"/>	More than 8, enter number ____ \$ _____ For families/households with more than 8 persons, add \$5,230 for each additional person.	

**Include with this Scholarship Application:** *(We can't make copies of your forms for you.)*

- 1. Copy of 2016 1040 Federal Tax Return for each adult in the household  
-or- Copy of last two payroll stubs or public assistance notifications for each adult in the household
- 2. Any other documentation that will support your request

- Or -

**Partial Scholarship** (For families above the poverty guidelines)

To apply for a partial scholarship the family must demonstrate a financial need.

**Include with this Scholarship Application:** *(We can't make copies of your forms for you.)*

- 1. Copy of 2016 1040 Federal Tax Return for each adult in the household  
-or- Copy of last two payroll stubs or public assistance notifications for each adult in the household
- 2. Any other documentation that will support your request

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**APPLICANT INFORMATION (Print all information)**

Parent's/Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Will you receive financial assistance from any other source?  Yes  No

If yes, what source and how much? \_\_\_\_\_

Current Household: Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

NOTE: The scholarship program is for individual families. Organizations or agencies may not apply for their clients or members. Households that have outstanding balances from prior programs are not eligible for the scholarship. Incomplete applications will not be considered.

***I hereby certify that the information contained in my application is complete and correct. I understand that failure to provide accurate information will result in forfeiture of any financial assistance. The Club reserves the right to rescind any assistance provided if and when any false or misleading information is discovered.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to program registrant(s): \_\_\_\_\_

\*Scholarship Request forms may be submitted before a Registration forms.

\*Deposit fees are not covered by scholarships.

**Return Scholarship Request Form To:**

Boys & Girls Clubs of the Western Reserve, Steve Wise Club, 889 Jonathan Ave., Akron, OH 44306

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**(For office use below this line.)**

Scholarship Approved?  Yes, Amount: \$ \_\_\_\_\_

No, Reason: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Registration Amount:	\$
<b>(minus)</b> Deposit Amount:	\$
Equals:	\$
<b>(minus)</b> Scholarship Amount:	\$
<b>Equals Amount Due:</b>	<b>\$</b>
Notification sent to applicant: _____	

**This institution is an equal opportunity provider.**