



2019 Summer Program Scholarship Request Form

Please note that the submission deadline 4:00 PM, Friday, April 5, 2019.

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 12, 2019.**

(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: _____

Child's Full Name: _____ Age: ____ Club Site: _____

Total number of adults in the household: _____

Total number of children in the household: _____

Total annual income for the household: _____

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 current Federal Poverty line.

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 2018 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

2019 Poverty Guideline	
Persons in family/household	Poverty Guideline
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430
For families/households with more than 8 persons, add \$4,420 for each additional person.	



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? _____

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

(For office use below this line.)

Scholarship Approved? Yes, Amount: \$ _____

No, Reason: _____

Authorized Signature: _____ Date: _____

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

This institution is an equal opportunity provider.