



**BOYS & GIRLS CLUBS**  
OF KING COUNTY  
Kirkland Branch

FOR OFFICE USE ONLY:  
% Approved For: \_\_\_\_\_  
Approved By: \_\_\_\_\_

## Scholarship Application / Family Profile

### WILL NOT ACCEPT INCOMPLETED FORMS

Mother / Guardian's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Father / Guardian's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

\_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

Please list the **total number of family members** that live in your household \_\_\_\_\_

Please list **Total Annual Income** for all household members \$ \_\_\_\_\_

*(We will need a copy of the **most recent Income Tax Return Form** to verify financial responsibility for child/children and income **-NOT A W-2**)*

Please indicate which (if any) of the following you currently receive:  
Must provide proper documentation if applicable.

- \_\_\_\_\_ Aid to Families with Dependent Children (AFDC)
- \_\_\_\_\_ Free and Reduced meals for school
- \_\_\_\_\_ Subsidized housing
- \_\_\_\_\_ Food stamps
- \_\_\_\_\_ Government check or social security income

Please list the child's name and indicate which exact program interested in. **For each specific program list weeks/months/sessions/dates/location:**

Child's Name:

Program (Detailed):

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Scholarship Policy

The Boys & Girls Club has a commitment to serve children, especially those from disadvantaged circumstances. Our philosophy is to never turn a child away due to inability to pay. We strive to serve as many children as possible, given our available resources. In this spirit there are limitations on what programs and services we can offer for free or reduced rates.

In order to assist those families in need and reach as many kids as possible we have enacted the following policy:

1. The annual **\$30** membership fee **is required for each child**. Memberships are not available for Scholarship funds and must be paid prior to participation in programs.
2. A scholarship application must be completed and returned to the Club prior to the start of the program under consideration. Proof of income is **required** with all applications. Our Club requires a copy of a current Income Tax Return form, government assistance or proof of current unemployment. .
3. Families who meet the established income qualifications are eligible for a scholarship for program fees. Eligibility is based on household size and annual income. Scholarships are limited to **two** classes/leagues per child, **per quarter**.
4. All applications must be turned in **two weeks prior** to a scheduled program and applications for Summer Day Camps must be turned in by **June 15<sup>th</sup>** to allow time for processing.
5. Any request for exceptions to this program must be made in writing to the Executive Director along with the scholarship application and proof of income.

I have read the above scholarship policy and understand the eligibility qualifications and availability of the Scholarship programs.

Please Initial \_\_\_\_\_