



# SCHOLARSHIP REGISTRATION FORM

## BEFORE AND AFTER SCHOOL PROGRAMS 2018-2019

Please fill in the form below and return to the Boys & Girls Club of Souhegan Valley with your non-refundable Membership fee of \$35 per child and your completed scholarship application. *All programs require current Boys & Girls Club of Souhegan Valley membership.* Membership is renewable annually and covers 9/1/2018 until 8/31/2019.

<b>Scholarship Program Registration Form:</b>	Grade: _____
<p><b>Member First Name:</b> _____ <b>Member Last Name:</b> _____</p> <p><b>Before School Program only for Milford students grade K-5: 6:45am and then transported to school</b>  <input type="checkbox"/> \$150 a month for unlimited days    <input type="checkbox"/> NEW! \$50 one time annual fee for anytime the school has a delayed start  <b>School:</b>    <input type="checkbox"/> <i>Heron Pond</i>    <input type="checkbox"/> <i>Jacques</i></p> <p><b>Jacques Elementary After School Program only for Milford students grade K-1<sup>st</sup> grade: 2:45pm-6pm</b>  <input type="checkbox"/> \$168 a month for <i>unlimited days</i></p> <p><b>Teen Club After School Program grades 6<sup>th</sup> and up: 2:30pm-6:30pm</b>  <input type="checkbox"/> \$75 a month for <i>unlimited days</i>    <input type="checkbox"/> \$70 a month for <i>10 days a month</i>  <input type="checkbox"/> \$35 a month for <i>5 days a month</i></p> <p><b>Kids Club After School Program *grades 2<sup>nd</sup>-5<sup>th</sup>: 2:30pm-6:30pm</b>  <input type="checkbox"/> \$125 a month for <i>unlimited days</i>    <input type="checkbox"/> \$110 for <i>10 days a month</i>  <input type="checkbox"/> \$55 for <i>5 days a month</i></p> <p><b>Transportation for After School Program grades 1st-5<sup>th</sup>: 2:30pm-6:30pm *Just for Wilton, Amherst, and Mont Vernon Students (please check off what school your student attends)</b>  <input type="checkbox"/> \$45 a month for transportation  <b>Please check off one.</b>  <input type="checkbox"/> Wilton Middle School and Florence Rideout Elementary School  <input type="checkbox"/> Amherst Middle School  <input type="checkbox"/> Wilkins Elementary School  <input type="checkbox"/> Mont Vernon Elementary School  <i>*All Milford students Elementary thru Highschool have bus transportation through the school system.</i></p>	
<p>Please make sure a 2018/2019 Scholarship application has been filled out completely. If you have any questions please call Finance at 672-1002 x 13.</p>	



**BOYS & GIRLS CLUB**  
OF SOUHEGAN VALLEY

## 2018-2019 SCHOLARSHIP APPLICATION FORM

Scholarship assistance funding is generously donated to the Boys & Girls Club of Souhegan Valley by corporate sponsors, foundations, and individuals in our community to help provide access to programs and services, regardless of ability to pay. Scholarship assistance is awarded based on demonstrated need, on a first come-first serve basis.

Please fill out the following information completely and attach all requested financial information to this application in order to be considered for a scholarship. Form and all required document (see required documentation section below) must be returned to the Finance Office in order to be considered for assistance. **An incomplete form and a form missing the required documentation will be returned** to the applicant. *Submission of application is not a guarantee of scholarship.*

Child Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Gender: (check) \_\_\_M \_\_\_F  
DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Responsible Payer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Contact (check appropriate): \_\_\_Mother \_\_\_Father \_\_\_Other Guardian

Due to the difficulty we have had in the past contacting parents by telephone, all correspondence regarding this scholarship application will be done through email. **Please provide the email address of the personal responsible for the completion of this application:** \_\_\_\_\_ (Please print clearly)

Mother's Name:		Father's Name:		Other Guardian:	
Home:		Home:		Home:	
Work:		Work:		Work:	
Cell:		Cell:		Cell:	
Email:		Email:		Email:	
Employer:		Employer:		Relationship:	

Child lives with (please check appropriate box)

- Mother & Father
  Mother Only
  Father Only
  Foster Parents
  Stepmother Only  
 Stepfather Only
  Mother & Stepfather
  Father and Stepmother
  Guardian  
 Grandparent(s)
  Adoptive Parents
  Other Relative \_\_\_\_\_

Number of children under 18 living in household \_\_\_\_\_ Total number in Household \_\_\_\_\_

I AM REQUESTING ASSISTANCE FOR (please check all that apply):

- Before School Program
  Transportation
  Jacques Afterschool Ext. (Grade 1)  
 After-School Kids Club (Grade 2-5)
  After-School Teen Club (Grade 6-12)  
 Vacation Camp/Snow Days
  Other \_\_\_\_\_

Child Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Parent: \_\_\_\_\_

Please indicate amount of scholarship requested: \$ \_\_\_\_\_ a \_\_\_\_\_ (period such as week or month). *Note – a requested amount is no guarantee of scholarship award.*

**GROSS INCOME- Please attach proof of household gross income. Each household member must enclose forms which verify income, such as most recent tax return and two most recent paystubs, Social Security/Unemployment benefits, TANF award, etc.**

Family/member receives (please check all that apply)

- Free School Lunch  Reduced School Lunch  Housing Assistance \_\_\_\_\_ (Amount)  
 State Child Care Assistance  Food Stamps \_\_\_\_\_ (Amount)  TANF \_\_\_\_\_ (Amount)  
 Electrical Assistance \_\_\_\_\_ (Amount)  Fuel Assistance \_\_\_\_\_ (Amount)

Do you receive child support?  NO  YES Amount \$ \_\_\_\_\_ Frequency \_\_\_\_\_

**APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION (Specific agency/individual)**

I understand that as part of the administration of BGCSV scholarship assistance, a BGCSV staff member may verify information I have provided on my application and any other information that would affect my eligibility. My signature below authorizes a member of the BGCSV staff to obtain information from any of the agencies listed below, regarding factors relevant to my application for assistance. This authorization shall expire one (1) year from the date of scholarship application.

Town  
Welfare

SHARE

Employer

Southern NH  
Services

Member's School

\_\_\_\_\_  
**Name of Applicant for Assistance (print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Application is not a guarantee of assistance. Scholarship assistance is very limited and not guaranteed. Your award will be based on family size, income, and scholarship funds available.**

**You are responsible for all charges until your application is complete, approved, and scholarship awarded. In order for your application to be considered this form must be completed in its entirety and the following required documentation returned with application.** If your application is not complete, it will be returned to you.

**Required documentation:**

- Applicant's most recent federal income tax return.
- Parent or guardian's last two wage statement (both parents).
- Social Security Administration's "Your New Benefit Amount" form (*only required when you are receiving benefits from the Social Security Administration*).
- New Hampshire Employment Security's "Unemployment Benefit Payment" form (*only required when receiving unemployment benefits from the state of New Hampshire*).
- New Hampshire Department of Health and Human Services' "Notice of Decision Summary" Form (*only required when receiving state assistance for food and housing costs*).

**Please attached separate sheet to document extenuating circumstances if necessary.**