



SUMMER CAMP '19 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. Return **NO LATER THAN FRIDAY 4/26/19 in order to be considered for scholarship support. Form and **all required documents** (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. **Funds are limited. 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 Payor: _____ **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: ___ weeks of Summer Camp and/or ___ days of Summer Camp (*please indicate number of weeks or days requested*) **Scholarships are provided for Recreation Camp only. Swim lessons and Skill Camps must be paid in full.**

NOTE: Everyone must apply for summer camp scholarships regardless of previous awards. All summer camp scholarship requests must be received (complete with documentation) prior to Friday April 27, 2018 at 6 pm to be considered.

Child Name: (First) _____ (Last) _____ Parent: _____

Please indicate amount of scholarship requested: \$ _____ a _____ (period such as week).
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 or 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, Parent's Employer, Southern NH Services, Member's School

Name of Applicant for Assistance (print)	Signature	Date
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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 and/or guardians).
- 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.