

**FOR OFFICE USE ONLY:** Check One:

New Applicant     Renewal     Current Member

Staff Receiving: \_\_\_\_\_

**Membership Type:**

Before School     After School     Before & After School     Summer Camp

Signed Application

Recommendation Letter

Tax Forms

Pay Stubs

Other Income Verification

## SCHOLARSHIP ASSISTANCE APPLICATION

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

Are you a full-time student?  Yes  No If yes, where? \_\_\_\_\_

Are you married?  Yes  No If yes, is spouse a full-time student?  Yes  No # of dependents: \_\_\_\_\_

### PERSONS SEEKING SCHOLARSHIP ASSISTANCE

(List full names/ages of person in the household. Your household includes dependents you claim on your federal income tax return.)

1. \_\_\_\_\_ Age \_\_\_\_\_ 5. \_\_\_\_\_ Age \_\_\_\_\_

2. \_\_\_\_\_ Age \_\_\_\_\_ 6. \_\_\_\_\_ Age \_\_\_\_\_

3. \_\_\_\_\_ Age \_\_\_\_\_ 7. \_\_\_\_\_ Age \_\_\_\_\_

4. \_\_\_\_\_ Age \_\_\_\_\_ 8. \_\_\_\_\_ Age \_\_\_\_\_

### EMPLOYMENT INFORMATION

**Employer:** \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Part-Time  Full-Time Supervisor's Name: \_\_\_\_\_

**Spouse's Employer:** \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Part-Time  Full-Time Supervisor's Name: \_\_\_\_\_

### INCOME

### EXPENSES

\$ \_\_\_\_\_ 1) Your Net Monthly Income

\$ \_\_\_\_\_ 1) Rent/Mortgage

\$ \_\_\_\_\_ 2) Spouse Net Monthly Income

\$ \_\_\_\_\_ 2) Auto Loan(s)

\$ \_\_\_\_\_ 3) Child Support

\$ \_\_\_\_\_ 3) Utilities (Water, Electric, Gas)

\$ \_\_\_\_\_ 4) Aid to Dependent Children

\$ \_\_\_\_\_ 4) Phone/Cell Phone

\$ \_\_\_\_\_ 5) Welfare

\$ \_\_\_\_\_ 5) Child Support

\$ \_\_\_\_\_ 6) Food Stamps

\$ \_\_\_\_\_ 6) Medical

\$ \_\_\_\_\_ 7) Reduced Lunch Program

\$ \_\_\_\_\_ 7) Other (Explain) \_\_\_\_\_

\$ \_\_\_\_\_ 8) Other (please explain)

\$ \_\_\_\_\_ 8) Other (Explain) \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL** Monthly Income

\$ \_\_\_\_\_ **TOTAL** Monthly Expenses

**How much can you afford to pay per month? \$ \_\_\_\_\_**

*I verify that all the information submitted is correct, complete, and accurate. If my situation changes, I agree to notify the Boys & Girls Club within 30 days. If I submit false or inaccurate information, or fail to notify the Boys & Girls Club within 30 days, I may be terminated from the scholarship program.*

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



**BOYS & GIRLS CLUB  
OF HERNANDO COUNTY, INC.**

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**SCHOLARSHIP ASSISTANCE APPLICATION DIRECTIONS**

The Boys & Girls Club of Hernando County, Inc. is a non-profit program that promotes the development of young people by instilling a sense of competence, a sense of usefulness, a sense of belonging and a sense of power or influence. When this strategy is fully implemented, self esteem is enhanced and an environment is created which helps boys & girls achieve their full potential. The Boys & Girls Club of Hernando County is here to serve families of all ages, backgrounds, abilities and incomes. The Boys & Girls Club of Hernando County is community based and believes it's programs should be available to everyone. That's why we offer a sliding fee scale that is designed to fit each individual's financial situation.

The Boys & Girls Club of Hernando County requires that individuals provide the requested information on the attached form regarding income, family size, and necessary expenses so that it can provide financial assistance in a fair and consistent manner. The Boys & Girls Club of Hernando County also requires that individuals reapply each year. Your fees are subject to change when you reapply. If you do not reapply each year, your scholarship will be terminated.

**To process your application, we will need the following information:**

- 1. Completed & signed scholarship application.**
- 2. Two letters of recommendation from current or past employers, case workers, etc.**
- 3. Copy of last year's tax return.**
- 4. Copy of two most recent pay stubs or copy of social security or disability checks  
(or copy of bank statement showing amount of automatic deposit)**
- 5. Letter explaining why you are applying for the scholarship program.**

Note: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040). If you did not file taxes last year, or if you don't have the other documents required, please submit a letter and any other documentation explaining your personal situation.

Please allow 10 business days to process your application. After this period, you may call the Boys & Girls Club of Hernando County to see if your application has been approved or if you need to submit additional information.

All Boys & Girls Club members receive the same membership benefits, regardless of whether or not they are receiving assistance. Our mission is to inspire all young people, especially those who need us most, to realize their full potential as productive, responsible and caring citizens.

**APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION AND DOCUMENTATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY.**