OF OTERO COUNTY

**SCHOLARSHIP REQUEST FORM**

At the Boys & Girls Club of Otero County, it is our policy to strive to make our programs available to all families, including those who are in financial need. Most programs have scholarship funds that may be available. Please be aware that to be eligible for consideration, **we require that you provide us a copy of your Adjusted Gross Income from your most current taxes** and proof of any other assistance you are receiving. Scholarships are not retroactive.

**PLEASE FILL OUT ALL OF THE FOLOWWING INFORMATION**

**INCOMPLETE FORMS WILL NOT BE PROCESSED**

Once all required information is submitted, there is a one-week verification period. We will contact you with the results and the amount of the allocation, if applicable. You are responsible for the balance of program fees above the scholarship amount. This balance must be paid before your child can be registered in the requested program.

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Requesting Scholarship For:**

Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Information**

(All *blanks must be filled in with amount or N/A)*

Family Size\_\_\_\_\_\_ Number of Children\_\_\_\_\_\_\_\_\_ Parent(s) Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names/ages of children\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number in our Programs\_\_\_\_\_\_\_\_\_\_\_\_ Total Gross Monthly Wages (your wages & spouse or other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSI $\_\_\_\_\_\_\_\_\_\_\_\_ SSDI $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant/Scholarships $\_\_\_\_\_\_\_\_\_\_\_\_\_ Food Stamps $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Food Stamp ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicare $ \_\_\_\_\_\_\_\_\_\_\_\_ Medicaid $\_\_\_\_\_\_\_\_\_\_\_\_ Other $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Income (Add *ALL above amounts)* $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Considerations**

Are there any special circumstances that need to be taken into consideration? (Ex. Both parents in school, participation in other club programs) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify that the above information is accurate and complete to the best of my knowledge, I give the Boys & Girls Club of Otero County permission to verify all of the above information, I understand that any incorrect information will result in immediate termination of this request.**

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_