



Scholarship Application

For daily/weekly fees during **Non-School Days** and **Summer** programming

Names of Children Applying For:

(First and Last names of children ages 7-12.)

- | | |
|----------|------------|
| 1. _____ | Age: _____ |
| 2. _____ | Age: _____ |
| 3. _____ | Age: _____ |
| 4. _____ | Age: _____ |
| 5. _____ | Age: _____ |

Total number of children living in the home (under 18 years old): _____

Parent/Guardian Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Family Gross Annual Income: *(Please include Child Support, SSI, Food Stamps, Disability, etc.)*

\$ _____ .00 per year.

I certify that all the above information is true, accurate, and complete to the best of my knowledge and give permission to the Boys & Girls Club of Oshkosh to verify all the above information. I am also aware that it is my responsibility to notify the Boys & Girls Club of Oshkosh of any change in information in this application such as income or other matters that might affect my eligibility for financial assistance, or my scholarship may be terminated.

Parent/Guardian Signature: _____ **Date:** ____/____/____

The scholarship will expire on August 31st. You may re-apply for a scholarship for next year with your new membership. The Boys & Girls Club reserves the right to refuse assistance to any applicant.