



BOYS & GIRLS CLUB
OF OSHKOSH

Scholarship Application

2024-25 School Year, Summer 2025

Names of Children Applying For:

First & Last names of children ages 7-12.

For children ages 5-6, you will have to apply for Winnebago County Child Care Assistance.

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

4. _____ Age: _____

5. _____ Age: _____

6. _____ Age: _____

Total number of kids in the home (under 18 year old): _____

Total number of adults in the home: _____

Parent/Guardian/Caregiver Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Household Gross Annual Income: \$ _____ .00 per year

Please include child support, SSI, food stamps, disability, etc.)

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. 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.

Signature: _____

Date: _____