

# GREAT FUTURES START HERE.



**BOYS & GIRLS CLUB  
OF LAWRENCE COUNTY**

## SCHOLARSHIP/REDUCED FEE APPLICATION

**Confidential:** The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

**CHILD's NAME:** \_\_\_\_\_

**Specific Program Applying For:** \_\_\_\_\_

**How many people are living in your household:** \_\_\_\_\_?

**Please check the appropriate box for household annual income**

\$9,000 or below		\$19,001-\$23,000		\$42,001-\$45,000	
\$9,001-12,000		\$23,001-28,000		Over \$45,000	
\$12,001-\$15,000		\$28,001-32,700			
\$15,001-19,000		\$32,701-\$42,000			

**Do you or your child/children receive any of the following forms of public assistance or school programs? Please check all that apply.**

Medicaid (Please provide ID #)		School Lunch(Free or Reduced)	
Food Stamps		TANF	
Vet Compensation		SSI	
General Assistance		SSDI	

**Have you applied for a scholarship in the past? YES\_\_\_ NO\_\_\_ Approved: Yes\_\_\_ No\_\_\_**

**Program(s) applied for:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**PLEASE NOTE:**

We will review your application for scholarship or reduced fees and a staff member will contact you with a decision in a timely manner. Free scholarships are limited and an application will need to be filled out for each program. We may require that you provide additional information when applying for specific programming.

**By signing below, I agree to the best of knowledge that the above information is true and accurate and understand everything I have read.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Boys & Girls Club employee signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Staff Notes:**