



BOYS & GIRLS CLUBS
OF PORTLAND METROPOLITAN AREA

OFFICE USE ONLY
DATE RECEIVED: _____
DATE PROCESSED: _____
SCHOLARSHIP % AWARDED: _____
STAFF INITIALS: _____

Scholarship Application

2019-2020

At the Boys & Girls Clubs of Portland Metro, we are committed to making sure that **cost will never be a barrier to participation in our programs**. In order to provide equitable access to our scholarships and programs, we do require some additional information from our families. If for any reason you do not have access to the required documentation requested, please contact your Club staff for alternative arrangements. **We want to work with you!**

All information you provide will remain strictly confidential.

NAMES OF YOUTH APPLYING FOR SCHOLARSHIP:

1. _____ AGE: _____ 2. _____ AGE: _____
 3. _____ AGE: _____ 4. _____ AGE: _____

PARENT/GUARDIAN NAME(S): _____

Phone number(s): (____)____-____ (____)____-____ Email address: _____

NUMBER OF CHILDREN LIVING AT HOME: _____ TOTAL NUMBER OF ADULTS IN HOUSEHOLD: _____

TOTAL YEARLY FAMILY INCOME (including child support, if applicable): _____

(CONTINUED ON BACK)

PLEASE CHECK ALL INCOME SOURCES THAT APPLY:

- Income from employment
- TANF/SFA benefits
- Child support

- Social Security/Disability Benefits Received by:_____ Monthly Amount: \$_____
- Other income (Please list):_____
- Foster parent subsidies Please list names of foster youth in your care that you are applying for:

INCOME VERIFICATION

When applying for a scholarship, BGCP requests documentation to verify your income. Please contact your Club staff if you do not have access to these documents and we will work with you to make other arrangements.

If there is someone you are already working with that you would like us to contact for this verification, (i.e. caseworker, sponsor, mentor, school staff, counselor, etc.) please list their contact info here:

Name: _____ Phone: _____

The following are forms of documentation that we can accept as proof of income:

- Most recent paycheck stubs from all current employers
- Most recent 1040 income tax return
- Proof of current Social Security benefits (SSA Benefit Statement or SSA-1099)
- Proof of disability pay (SSI)
- Proof of current OHP (Oregon Health Plan-striped medical paper with client info on it)
- Oregon Trail (food stamps) award/verification letter

YOU ARE MORE THAN A NUMBER. We know that numbers do not tell the whole story of a family. Please attach an additional written explanation of why you are applying for a scholarship if you feel this application does not fully reflect your financial situation or ability to pay program dues or fees.

By signing below I certify that this information is true and complete to the best of my knowledge. I grant permission to the Boys & Girls Clubs of Portland to verify this information. Any misrepresentation of household income, including omission of other adults' income is grounds for termination of said scholarship. I understand that in such case, I will also be responsible for returning all scholarship amounts awarded. I agree to notify BGCP if my financial situation changes.

Parent/Guardian

Signature: _____ Date: _____