

Boys & Girls Clubs of Central Arizona Scholarship Application

Date Received: _____
Received By: _____

Funds for financial assistance have been made available through generous contributions of BGCCAZ partners. All scholarship information will remain strictly confidential and only reviewed by the CEO or COO of BGCCAZ. Please return your application (and supporting documentation) in a sealed envelope to your Club or email to savanna.hardin@bgccaz.org

Name (Parent 1): _____ Date of Birth: _____

Phone (Home): _____ Phone (Work): _____ Phone (Cell): _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Place of Employment: _____

Position: _____

Length of Position: _____ ☐ Full Time ☐ Part Time

Name (Parent 2): _____ Date of Birth: _____

Phone (Home): _____ Phone (Work): _____ Phone (Cell): _____

Place of Employment: _____

Position: _____

Length of Position: _____ ☐ Full Time ☐ Part Time

Adults/Children Living in Home:

Date of Birth:

Would you be willing to share how a scholarship has made a difference for your family? ☐ Yes ☐ No

Would you be interested in your family having communications with a scholarship sponsor? ☐ Yes ☐ No

Total Monthly Household Income—Must provide ONE of the following: One month of current pay stubs OR Tax Return (current year after April 15th).

\$ _____ Household's Monthly Gross Income (before deductions)
\$ _____ Monthly Child Support
\$ _____ Monthly Social Security/Disability (provide proof of funds)
\$ _____ Monthly Government Assistance (provide proof of funds—AHCCCS, Free/Reduced Meals)
\$ _____ Other Monthly Income (e.g. workers comp, unemployment, investments)
\$ _____ **Total Monthly Income**

Total Monthly Household Expenses—Optional, but any that are reported need documentation.

\$ _____ Monthly Rent/Mortgage
\$ _____ Monthly Car Expenses
\$ _____ Monthly Medical
\$ _____ Other Monthly Expenses
\$ _____ **Total Monthly Expenses**

Please share with us why you are interested in a scholarship (if more space is needed, attach additional document).

I certify that all the above information is true and complete to the best of my knowledge. I agree to inform the Boys & Girls Clubs of Central Arizona of any changes in income or family size, right away. I understand that false or incomplete information could jeopardize my financial assistance and that **I must reapply every year**. I understand that it may take up to two weeks to process a completed application, and an incomplete application can/will delay the process.

Signature of Applicant

Date

BGCCAZ OFFICE USE ONLY

Scholarship % _____ Expiration Date _____ Date Notified _____

Printed Name (CEO/COO)

Signature (CEO/COO)