

# *The Positive Place For Kids*



**BOYS & GIRLS CLUB  
OF THE OZARKS**

## Scholarship Application

Lake Taneycomo Elks Boys & Girls Club Forsyth Unit

Thank you for applying for a scholarship for your child to attend the Club's Summer Program. Along with a completed form, we require copies of 2-3 of the documents from the following list. These are used to substantiate all household income and any other financial assistance received.

### Documents Required:

- Last year's W-2 forms from all household members
- Last year's tax forms from all employed household members
- Current pay stub (dated within 10 days)
- Child support stub
- Rent assistance / Housing
- Food Stamp assistance
- Utility assistance
- Social Security assistance
- Any other financial support or assistance

By including this information, we will be able to accurately award you with a Summer Program scholarship.

Thank You!  
Tami Hilton, Unit Director

# Scholarship Application

Boys and Girls Club of the Ozarks

Lake Taneycomo Elks Boys & Girls Club Forsyth Unit

To enable us to serve you better, please complete the following forms and provide proof of the following at registration. Proof of all household income is required before approval can be given.

## Financial Information

Applicant's income last year: \$ \_\_\_\_\_

Applicant's current income: \$ \_\_\_\_\_

Spouse's income last year: \$ \_\_\_\_\_

Spouse's current income: \$ \_\_\_\_\_

Other Adult living in Household \$ \_\_\_\_\_

Other Adult living in Household \$ \_\_\_\_\_

Applicant's current employer \_\_\_\_\_

Spouse's current employer \_\_\_\_\_

## Other Household Income

Child Support \$ \_\_\_\_\_

Rent Assistance \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_ AFDC \$ \_\_\_\_\_

Utility Assistance \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

## Property

Do you own your home? \_\_\_\_\_

Mortgage per month \$ \_\_\_\_\_

Do you rent your home? \_\_\_\_\_

Rent per month \$ \_\_\_\_\_

Do you own your vehicle? \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

What do you think you can afford to pay per week? \_\_\_\_\_  
(per child or per all children?)

**Scholarship Application**  
Boys and Girls Club of the Ozarks  
Lake Taneycomo Elks Boys & Girls Club Forsyth Unit

Applicant's Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Information

Spouse's Name: \_\_\_\_\_

or Other Adult living in household:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
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Child's Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge.  
I consent the Boys and Girls Club of the Ozarks and its agents to verify any and all  
information on this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_