



2017/2018

SCHOLARSHIP APPLICATION

Last Name of (Member): _____ #of children applying: _____
(Miembro Apellido) (de niños aplicando)

Name(s) of Children: _____
(Nombre de los niños)

Parent/Guardian name: _____
(Nombre del padre / tutor)

Address: _____ City: _____ Zip: _____
(Dirección) (Ciudad) (código postal)

Home Phone: _____ Work Phone: _____
(Teléfono de la casa) (Teléfono del trabajo)

How many people are in your household? _____
(cuántas personas se encuentran en esta casa?)

of adults _____ # of children _____
(# de adultos) (# de niños)

How many people in your household are earning an income? _____
(¿Cuántas personas en su hogar están ganando un ingreso?)

Gross Income for person #1: _____ Monthly x 12= _____ Annually \$ _____
(El ingreso bruto por persona # 1) (Mensual) (Anualmente)

Gross Income for person #2: _____ Monthly x 12= _____ Annually \$ _____
(El ingreso bruto por persona # 2) (Mensual) (Anualmente)

Other income sources: _____ Monthly x 12= _____ Annually \$ _____
(Alimony, child support etc.) (Mensual) (Anualmente)
Otras fuentes de ingresos:
(Pensión alimenticia, manutención de los hijos, etc)

TOTAL: \$ _____

\$35.00 ANNUAL MEMBERSHIP FEE MUST BE INCLUDED AT TIME OF REGISTRATION
(Membership fee does not get waived or reduced based off of scholarship.)

Please allow for 5-7 business days to process scholarship request

Please attach completed **MEMBERSHIP** and any **Full day Registration form** indicating all sessions your child will be attending. **Verification of income must be included with this application.** We accept the following forms of verification: **tax returns from previous year** or **proof of public assistance etc.** If at any time your financial status changes please notify the Club immediately.

I attest under penalty of perjury that the above information is correct:

X _____ Date _____
(Signature of parent/guardian)

(Please check one)

Scholarship Needed for **Summer Camp** **All Day Program** **Transportation**

FOR OFFICE USE ONLY

Summer Rate: _____ All day program Rate: _____ Transportation Rate _____

Authorization: _____ Date: _____

