BOYS & GIRLS CLUBS
OF TOWN OF WALLKILL INC.
Serving Northern Orange & Sullivan Counties

BE GREAT

SCHOLARSHIP APPLICATION

Dear Parent/Guardian:

Please find below the information to apply for a scholarship for our Boys & Girls Club programs offered in Northern Orange and Sullivan Counties for the 2020 Camp Season. This application is **due back by MAY 15, 2020.**
In order to help the children who truly need us most, we have implemented an application process for families who are currently facing financial hardship and are unable to afford our registration and/or program fee(s). Please see hardship income guidelines below. If you do not meet these criteria you may still complete the application & contact our administrative offices to request consideration.

Applications will be accepted on a first-come, first-serve basis as long as our resources allow. Applications **MUST** be submitted with all required information in order to be considered for scholarships.

If submitting for multiple children, please fill out a separate application for each child.

Please attach ALL of the following income documentation to your application.

- Proof of Gross Income before taxes, which includes social service benefits, alimony or child support, paid retirement benefits and salary or wages.
- 2019 W-2 Forms
- Three (3) consecutive pay stubs
- Copy of child support checks or court documents related to payment.
- Copy of free/reduced lunch verification from your child's school district.

Hardship Income Guidelines	
Family Size	**Income Limits**
1	$23,107
2	$31,284
3	$39,461
4	$47,638
5	$55,185
6	$63,692
7	$72,169
8	$80,346

**Based on the 2019-2020 Federal Income Guidelines*

You may submit the application via
Email to office@bgcorange.org, **Fax** to (845) 342-8836, **Mail** to P.O. Box 14, Circleville, NY 10919
OR drop it off to our Clubhouse at 60 Creamery Road in Circleville, NY.

Please call our office at (845) 342-8833 with any questions.

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Child Name: _____ **Child's Age:** _____

Child's School: _____ **Child's Grade:** _____

Parent/Guardian Name: _____

Mailing Address: _____

Physical Address: _____

Home: _____ Work: _____ Cell: _____

Email Address: _____

Does your child receive Free or Reduced Lunch? (Circle) Yes No
Would you be interested in receiving a partial scholarship, if available? (Circle) Yes No

Household Composition					
Name	**Relationship**	**Age**	**Sex**	**Occupation**	**Gross Income/Source (Including Child Support)**

Head of Household: _____ Gross Yearly Income: _____

Employer: _____ Phone: _____

Address: _____ Date of Employment: _____

_____ _____
Parent/Guardian Name (Please PRINT) Parent/Guardian Signature Date

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OFFICE USE ONLY: ☐ Approved ☐ Full ☐ Partial – $_____ (Amt. Covered) ☐ Not Approved

_____ _____
Unit Director/Program Director Signature Date Executive Director Signature Date