

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 2025-2026 school year.

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 for all Adults in Household

- Income includes; Three (3) consecutive pay stubs and/or social service benefits and/or alimony or copy of child support checks and/or court ordered payments and/or paid retirement benefits and salary and/or wages.**
- If you are unemployed; a letter from the NY State Department of Labor Unemployment Benefits and/or Letter from the NY State SNAP Benefits**
- 2024 W-2 Forms for all Adults in Household**

Hardship Income Guidelines	
Family Size	Income Limits
1	\$28,953
2	\$39,128
3	\$49,303
4	\$59,478
5	\$69,653
6	\$79,828
7	\$90,003
8	\$100,178

Based on the 2025-2025 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

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

Unit Director/Program Director Signature Date

Executive Director Signature

Date