



# Boys & Girls Clubs of Columbia Scholarship Application

Dear Scholarship Applicant,

It is the policy of the Boys & Girls Club of Columbia to make membership available to all interested youth, regardless of income. We provide scholarships to those who might not otherwise be able to participate. **Your child's scholarship status information will remain confidential.** Please return this form to the front desk completed with a copy of your most recent W-2 form, a copy of your most recent tax return, or a copy of your most recent two pay stubs (past 30 days) of everyone within the household. With your CPS consent we can verify Free/Reduced price lunch information as income qualification (sign attached permission waiver). If you are not employed, please detail on a separate sheet of paper any income that can be verified that is coming into the home. A scholarship application alone does not register a member, nor does it reserve space at the BGCC. Membership applications are processed in the order received. You will be notified once your completed application for scholarship has been approved within 48 hours of submission.

Member/Family Information			
Name:	DOB:	GRADE:	SCHOOL:
Name:	DOB:	GRADE:	SCHOOL:
Name:	DOB:	GRADE:	SCHOOL:
Current address:			
City:		State:	ZIP Code:
Are any of these children currently members?	<input type="checkbox"/> YES    NO <input type="checkbox"/>		Is this for Spring Semester, Summer or Fall? (Please circle)
Parent/ Guardian #1 Employment Information			
Current employer, Parent # 1:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	Annual income:	
Parent/ Guardian #2 Employment Information			
Current employer, Parent # 2:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	Annual income:	
Persons within the household			
NAME	RELATION	SALARY	
Name:		Income:	
Name:		Income:	
Name:		Income:	
Name:		Income:	
Name:		Income:	
<p>I certify that the above information is correct to the best of my knowledge and is provided to the Boys &amp; Girls Clubs of Columbia for the purpose of being considered for a scholarship to enable my child to attend the Boys &amp; Girls Clubs of Columbia's programs. I understand that I am required to provide evidence to verify the above information. I understand that if I do not provide the necessary evidence, my scholarship cannot be processed and will be void.</p>			
Signature of applicant:			Date:
Signature of co-applicant:			Date:

**Don't forget to sign and date the application, and provide necessary income proof.**

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Family Application may be shared with other programs for which your child(ren) may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your child(ren) get free or reduced price meals.

- No! I **DO NOT** want information from my Free and Reduced Price School Meals Family Application shared with any of these programs.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call **[name]** at **[phone]**.

**Return this form to: [address] by [date]**

(Information follows on next page)

## Attachment N (Continued)

### USDA Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.