

**Boys & Girls Clubs of Mercer County  
Scholarship Application**



**Mission:**

Enable all youth, especially those that need us the most, to reach their full potential as productive, responsible and caring adults.

**Scholarships:**

To fulfill our mission, the Club raises millions of dollars each year to award scholarships to enable youth to enroll in our programs and services. Unfortunately we have more demand for Club programs than donations, and therefore scholarships are awarded based on the date you apply, and available funds. We encourage parents to apply early to ensure participation.

**Eligibility:**

- Being a youth agency, scholarships are only awarded for youth programs
- Scholarships are open to any youth in Mercer County
- Scholarships are awarded based on Family income, number of people in the family, and circumstances.

**Process:**

- Complete the scholarship application and submit electronically, by mail or in person
- Ensure that household income documentation is attached
- You will be notified by email or phone within 10 business days.

**House Hold Income Documentation: - You must include one of the following for all adults and all jobs:**

- Previous year tax return or W2
- Last two pay stubs for every working member of the family
- Social Security documentation for disability
- State of NJ documentation of social services

Mail or Hand Delivery

Boys & Girls Club of Mercer County  
212 Center Street, Trenton, NJ 08611  
Attn. Scholarship

## Boys & Girls Clubs of Mercer County Scholarship Application

### Person Completing the Application (Adult or Guardian)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_

Phone (c) \_\_\_\_\_ E-mail: \_\_\_\_\_

### List family members noted as dependents for tax purposes (proof of residency is required for all dependents listed on membership)

Spouse (or other adult, if applicable): \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_

Scholarship Application for (youth's name) \_\_\_\_\_

Boys & Girls Club Membership Type \_\_\_\_\_ Cost \$ \_\_\_\_\_

<u>Program Name</u>	<u>Day/Time</u>	<u>Session</u>	<u>Cost</u>

Total Cost of Program/Memberships  
\$ \_\_\_\_\_

Amount I can pay \$ \_\_\_\_\_

Amount of Scholarship Requesting \$ \_\_\_\_\_

Amount of Scholarship Rewarded (Office Use Only) \$ \_\_\_\_\_

List Other Sources of Financial Aid  
Child Care Vouchers for ASP & Camp  
Child Care Connection (609) 989-7770



Why is participation in the program/members important to your child?

Why do you need the scholarship? (Please be specific, you may use the back of this sheet or attach additional information)

Number of adults in your household: \_\_\_\_\_

Number of Children in your household: \_\_\_\_\_

**Employment/Household Income**

**Employment: List all jobs for all adults/guardian in the household**

Adult \_\_\_\_\_ Employer: \_\_\_\_\_  
Annual Income: \_\_\_\_\_

Adult \_\_\_\_\_ Employer: \_\_\_\_\_  
Annual Income: \_\_\_\_\_

Adult \_\_\_\_\_ Employer: \_\_\_\_\_  
Annual Income: \_\_\_\_\_

Other Sources of Household Income: (annual amount)

Alimony \_\_\_\_\_

Disability \_\_\_\_\_

Food Stamps \_\_\_\_\_

Other \_\_\_\_\_

**Total Household Annual Income:** \_\_\_\_\_

Household income (includes salary, child support, welfare, unemployment, food stamps etc.). Total annual household income \$ \_\_\_\_\_

***You must provide documentation to verify this number (last year's tax return or two most recent pay stubs.)***

Are there any extraordinary circumstances that should be taken into consideration when reviewing this application? Any additional information you would like to share (use the back of this form if necessary).

I certify that the information on this application is true and accurate. And I understand that by supplying false information I will forfeit my family's eligibility for future scholarships

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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