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 awarded based on Family income, number of people in the family, and circumstances.

Process:

- Complete the Scholarship application and submit electronically, by mail or hand deliver
- 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 based on location of the program you are applying for:

Boys & Girls Club of Mercer County
212 Centre Street, Trenton, NJ 08611
kboyd@bgcmercer.org

Boys & Girls Clubs of Mercer County
1040 Spruce Street, Lawrenceville, NJ 08648
dbrannon@bgcmercer.org

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 _____

Program Name	Day/Time	Session	Cost

Total Cost of Program/Memberships $_____

Amount I can pay $_____

Amount of Scholarship Requesting $_____

Amount of Scholarship Rewarded (Office Use Only) $_____

BOYS & GIRLS CLUBS
OF MERCER COUNTY

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/House House 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 House Hold Annual Income: $_____Household income (includes salary, child support, welfare, unemployment, food stamps etc.) Total household income annually.

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

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: _____