



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

Scholarship Requested:

Summer Scholarship

Teen Annual Scholarship

Spring Break Scholarship

Youth Annual Scholarship

Member Information:

First Name: _____ **Middle:** _____ **Last:** _____

Nickname: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Club Location: _____

Current Age: _____ **Current Grade:** _____

Parent/Guardian Name: _____

Phone _____

Previously received a scholarship from BGCMCFL? ___ Yes ___ No

Additional Club Members from your household that attend BGCMCFL? (List below)

Annual household income \$ _____

(attach most recent tax return with application)

Amount you can commit to pay weekly \$ _____

How many in your household? _____

Explain reason for Scholarship Request:

Parent/Guardian Name: _____

Phone _____

I agree that as a recipient of a scholarship, I may be required to attend up to four annual conferences/meetings, scheduled by the Club Staff to review progress and helpful information as it relates to the development of my child. I attest that all information provided on this application is true and correct. I understand that BGCMCFL has the right to revoke approved scholarships at any time, without advance notice. Scholarships do not automatically renew and must be reapplied for annually.

Parent/Guardian Signature: _____ Date: _____