



**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 BGCMC? \_\_\_ Yes \_\_\_ No

Additional Club Members from your household that attend BGCMC? (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:

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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 your child. I attest that all information provided on this application is true and correct. I understand that BGCMC has the right to revoke approved scholarships at any time, without advance notice. Scholarships do not automatically renew and must be re applied for annually.

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