2024 SCHOLARSHIP APPLICATION



We understand that many families may face challenges when it comes to Club membership fees. We want every child to have the opportunity to succeed and do not want fees to be a financial burden.

BGC-Barron County provides a limited number of scholarships based on applications and need. To receive a scholarship, we ask that you provide the information requested below. All information provided will be kept confidential. BGC-Barron County scholarships are awarded on a case by case basis and are not guaranteed.

The cost for Summer Programming is \$50 per member (7 and up) each week. There is a membership fee for new members of \$20. At our middle school sites, we charge \$10 per member for the summer. For Full Days at participating sites, there will be a pre registration fee of \$10 per member per day.

If you are applying for a scholarship, please note that you <u>must</u> attach proof of income, as well as proof of other assistance that you receive (all items that you check in section B below). Your application will not be considered until all items have been received.

 MEMBER NAME			TODAY'S DATE	
WEWDER NAME			TODAT & DATE	
PROGRAM & YEAR API	PLYING FOR: 2024 Sur	mmer Program		
Financial Information	<u>1</u>			
Number of people in hou	sehold:			
Annual Income: □ \$0 - \$′	15,999 🗆 \$16,000 -\$22,9	999 🗆 \$23,000 - \$28,	,999 🗆 \$29,000 - \$35,999 🗆 \$36,00	00+
Is this child eligible for	free or reduced lunch?	□ Yes □ No		
Is anyone outside of th	e household responsibl	le for child care expe	enses? □ Yes □ No	
Does your child qualify	for any of the following	g programs: (Check	all that apply)	
☐ TANF (Temporary Ass	sistance for Needy Familie	es) 🗆 SSI		
☐ S.N.A.P. (Supplement	al Nutrition Assistance Pr	ogram) 🗆 Free and F	Reduced Lunch at School	
□ SSDI □ Day	Care Voucher Ge	eneral Assistance	□ Veterans Compensation	
Child lives with; (Checl	k all that apply)			
□ Both Parents	□ Parent/Step-Parent	□ Single Parent	Only (Mother/Father - Please Circle)	
☐ Shared Custody	□ Parent/Other Relativ	ve (Aunt/Uncle, Grand	Ifather/Grandmother - Please Circle)	
□ Parent/Significant Oth	er □ Foster Care	☐ Group Home		
How much would you b	be able to pay weekly/pe	er full dav?		

Scholarships are based on applications and are awarded in different ways. Scholarship awards are pending the approval of the scholarship committee.

In the space below, please explain your financial n	eed for a scholarshi	<u>p:</u>	
SIGNATURE OF PARENT/GUARDIAN	DATE	PRIMARY PHONE NUMBER	
STAFF NAME		DATE:	_
APPROVED: Y/N STAFF SIGNATURE:			