



Scholarship Requested for:

- School Year
 Summer Camp
 Winter Camp
 Spring Camp

Child's Name:	Mother's Name: Address: Phone: Email:
Child's Date of Birth:	Mother's Employer:
Living With: Mother Father Both Parents Guardian Other	Father's Name: Address: Phone: Email:
Child's School:	Father's Employer:
Names & ages of other children living in the household:	

Income Information	Father	Mother
1. Gross Monthly Income		
a. Wages or Salaries	\$	\$
b. Business Income	\$	\$
c. Other Income	\$	\$
d. Income From Child Support	\$	\$
e. Total Gross Monthly Income (add lines a-c)	\$	\$
2. Basic Child Support Obligation	-\$	-\$
Child #1: _____ Child #2: _____ Child #3: _____ Child #4: _____		
4. Income From Assistance Programs (example: DSHS, Family Services, etc.)	\$	\$
5. Total Monthly Income	\$	\$

Boys & Girls Club Camp Hours: Monday-Friday 6:30am-6:00pm

Days & times childcare is needed:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Other factors for consideration:

I understand that scholarships are based on financial need and require proof of income.

Please attach a copy of your most current paystubs, work schedule and proof that you do not qualify for state assistance with childcare (DSHS) within the last 6 months.

Applications submitted without proper supporting documents will not be processed.

I declare, under perjury under the laws of the State of Washington, the information contained in this paper work is complete, true and correct.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

For B&GC Staff Only		
<input type="checkbox"/> Paystubs	<input type="checkbox"/> Work Schedule	DSHS Denial: Yes / No
Scholarship Granted:		
Scholarship Denied:		
Staff Signature of Approval or Denial:		