



BOYS & GIRLS CLUB
of Souhegan Valley

www.svbgc.org

56 Mont Vernon Street, PO Box 916
Milford, NH 03055
Phone: (603) 672-1002 Fax: (603) 732-5103

SCHOLARSHIP REQUEST FORM

Scholarship funding is generously donated to the Boys and Girls Club of Souhegan Valley by several corporate sponsors, foundations, and individuals in our community to help provide access to our programs and services, regardless of ability to pay. Scholarships are awarded based on demonstrated need, on a first come-first serve basis.

Please fill out the following information completely and attach requested financial information to this application. All information will be kept confidential. Please note that ALL information MUST be filled out in order for this request to be processed.

We will do our best to process your request as quickly as possible. Note that you are responsible for all fees incurred that are not covered by scholarship and/or other funding sources such as the State of N.H.

Child/Member Name: (First) _____ (Last) _____

Gender: (check) Male Female DOB ____/____/____ Age ____

School _____ Grade _____

Mailing Address _____

Address _____

City _____ State _____ Zip _____

Primary Contact (*check appropriate*): Mother Father Other (Name) _____

Mother's Name:	_____	Father's Name:	_____
Home:	_____	Home:	_____
Work:	_____	Work:	_____
Cell:	_____	Cell:	_____
Email:	_____	Email:	_____
Employer:	_____	Employer:	_____

If Applicable Complete Info Below:

Alt. Guardian/Contact:	_____	Relationship:	_____
Home:	_____	Email:	_____
Work:	_____	Employer:	_____
Cell:	_____		_____

OFFICE USE ONLY	Date Received: _____	Date Complete: _____
-----------------	----------------------	----------------------



BOYS & GIRLS CLUB
of Souhegan Valley

www.svbgc.org

56 Mont Vernon Street, PO Box 916
Milford, NH 03055
Phone: (603) 672-1002 Fax: (603) 732-5103

Child/Member Name: (First) _____ (Last) _____

Child lives with (please check appropriate box)

- Mother & Father Mother Only Father Only Foster Parents Stepmother Only
- Stepfather Only Mother & Stepfather Father and Stepmother Guardian
- Grandparent(s) Adoptive Parents Other Relative _____

Number of children under 18 living in household _____ **Total Number in Family** _____

Family/member receives (please check all that apply):

- Free School Lunch Housing Assist. Child Care Assist TANF Funds Food Stamps

I AM REQUESTING ASSISTANCE FOR (please check all that apply):

- Before School Program Summer Camp
- Jacques Afterschool Ext. (Grade 1) Theater Program
- After School Kids Club (Grade 2-5) Transportation
- After School Teen Club (Grade 6-12) Other _____
- Vacation Camp/Snow Days

GROSS INCOME (please check one):

- \$0-10,000 \$10,000-20,000 \$20,000-30,000 \$30,000-40,000 \$40,000-50,000
- \$50,000 or more.

Please attach copies of your last 30 days worth of pay checks for each household member as proof of monthly income.

Do you receive child support? NO YES Amount \$ _____ Frequency _____

Please attach most recent child support statement/payment as verification.

EXPENSES: Need is based on evaluation of monthly expenses. Please have a copy of your monthly billing for verification available if needed.

Monthly Mortgage/Rent \$ _____ Monthly Vehicle Payment \$ _____
 Monthly Utilities (gas/heat/electric) \$ _____ Monthly Vehicle Insurance \$ _____

Please use the space below to add anything that you feel is important for us to know.

I, (print name) _____ attest that all the information that I have submitted on this scholarship request form is truthful.

(Signature) _____ (Date) _____