



**BOYS & GIRLS CLUB
OF PAWTUCKET**

2020 Pre-Teen Summer Program Scholarship Application

NOTE: If you have a RI DHS certificate, you are not eligible for a scholarship award.

Child's Name: _____ Age: _____

Parent/Guardian's Name: _____ Phone #: (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Annual Household Income: _____

Number of persons in household: _____

PLEASE ATTACH A COPY OF:

- **YOUR 2019 FEDERAL INCOME TAX RETURN**
- **YOUR 2018 FEDERAL INCOME TAX RETURN MAY BE SUBMITTED IF YOU HAVE NOT FILED YOUR 2019**
- **OR YOUR PUBLIC ASSISTANCE CHECK WITH YEAR-TO-DATE EARNINGS AS PROOF OF INCOME FOR THIS APPLICATION.**

AND

- **PROOF OF RESIDENCE (LEASE, UTILITY BILL, ETC.)**

Racial/Ethnic Origin

NOTE: This information is collected for statistical purposes ONLY.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Native American | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian | |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Multi-Racial | |

I understand that my application cannot be processed until all the required areas are completed and the required proof of income and proof of residency* are attached. I also understand that the Boys & Girls Club of Pawtucket will notify me regarding acceptance of my application. I understand there is a \$25 non-refundable application fee that must be paid before this scholarship application will be considered. I understand that if I am applying for a scholarship that my balance for that session must be paid before my child's registration can be completed. I attest that the information on this form is accurate to the best of my ability and the attached proof of income represents the income from all members of my household.

*Scholarships are only available to Rhode Island residents.

By signing below, you acknowledge the scholarship policies stated above and hereby agree to comply with all terms.

Electronic Signature: _____ Date: _____

For Office Use Only

Application Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Membership Current & Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Processed by: _____
Session Scholarship Covers: _____		
Meets Income Guidelines: <input type="checkbox"/> Yes <input type="checkbox"/> No		Approved by: _____
Scholarship Source: <input type="checkbox"/> ProJo <input type="checkbox"/> CDBG		