INTRODUCTION: The Boys & Girls Clubs of Carlsbad Scholarship Program is made available through our generous donations. As a 501(c)3 nonprofit organization, the Boys & Girls Clubs of Carlsbad relies on the generosity of individuals and businesses for support. We are grateful and appreciate the time, talent, and treasure that is given to us in the interest of community spirit. The Boys & Girls Clubs of Carlsbad wishes to recognize and thank the many generous contributors who help make this program possible.

The Boys & Girls Clubs of Carlsbad Scholarship Program is a need-based program designed to provide scholarships for those who cannot afford the Club’s regular rates. Applications are reviewed within 10 business days of receipt by the front desk.

APPLICATIONS: Scholarships expire one (1) year after submission. Parents/Guardians who would like to renew their application will be required to complete a new scholarship application. Only one application is required per family. The scholarship must be applied for by, and is only valid for, the person who pays for the member’s program fees.

REQUIREMENTS: All applications must be complete and accompanied with proper documentation. The documents needed for verification are specified below. Any discrepancy will automatically delay us assisting you. The following documents include:
1. This completed scholarship application.
2. Proof of income showing the last 30 days of pay. Current pay stubs or proof of public assistance is acceptable. When submitting proof from a public agency, please ensure that verification is stamped, dated, and signed by their office. WE WILL NOT ACCEPT PRINTOUTS WITHOUT THE ABOVE.
3. Last year’s tax return (only the first 8 pages are needed) and copy of W-2s. If you did not file taxes, please provide a Verification of Non-Filing transcript from the IRS, which can be requested at https://www.irs.gov/individuals/get-transcript.

Scholarship Application Guidelines

GUIDELINES: The Scholarship Application must be fully complete and legible. In the event that some items do not apply to applicant, enter N/A on the space provided.

<table>
<thead>
<tr>
<th>Section A:</th>
<th>Indicate the type of application, whether new or renewal.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section B:</td>
<td>Complete the personal information as it applies to you and all other adults living in the household.</td>
</tr>
<tr>
<td>Section C:</td>
<td>Indicate the individuals in your household that you support financially.</td>
</tr>
<tr>
<td>Section D:</td>
<td>Check all sources of income that apply for all members of your household. Fill in the personal and household income amounts.</td>
</tr>
<tr>
<td>Section E:</td>
<td>Please provide an explanation as to why you are seeking a scholarship.</td>
</tr>
<tr>
<td>Section F:</td>
<td>Read and sign. Your signature acknowledges that you agree with the terms.</td>
</tr>
</tbody>
</table>

REVIEW PROCESS: Scholarships are awarded based on family needs and are awarded for 75% - 90% off of full tuition.

Upon receipt of a complete application and supporting documents, our membership coordinator will review the application within 10 business days. Incomplete applications may delay the review process. All applicants will receive a notification of the outcome of our review. The Boys & Girls Clubs of Carlsbad reserves the right to terminate a scholarship as a result of late payment and/or returned membership drafts.

REMEMBER: All documents and forms submitted WILL NOT BE RETURNED. It is the applicant’s responsibility to make copies before submission of required documents.

QUESTIONS ABOUT APPLICATION OR VERIFICATION DOCUMENTS? Should you have questions on completing this application, please contact 1 of the following Membership Coordinators: Bressi Ranch-Bradley Smith at bsmith@bgccarlsbad.org or Village Branch-Kayra Carrillo at kcarrillo@bgccarlsbad.org.
Scholarship Assistance Application Form

Please print legibly. Answers to all questions are required.
Please read the attached guidelines on previous page.

Section A – Type of Scholarship
□ New  □ Renewal

Section B – Personal Information – Adult #1
Last Name: ____________________________  First Name: ____________________________
Address: ____________________________  City: _____________  Zip: _______
Home#: ________________  Work#: ________________  Cell#: ________________
Occupation: ____________________________  Employer: ____________________________
Email address (required):

Section B – Personal Information – Adult #2
Last Name: ____________________________  First Name: ____________________________
Address: ____________________________  City: _____________  Zip: _______
Home#: ________________  Work#: ________________  Cell#: ________________
Occupation: ____________________________  Employer: ____________________________
Email address:

Section C – Household Information

<table>
<thead>
<tr>
<th>First &amp; Last Name</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Are you supporting this individual?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>/ /</td>
<td>Yes OR NO</td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<td>Yes OR NO</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>Yes OR NO</td>
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<td>6.</td>
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<td>Yes OR NO</td>
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<tr>
<td>7.</td>
<td></td>
<td>/ /</td>
<td>Yes OR NO</td>
</tr>
</tbody>
</table>

Section D – Income for all applicants and their dependents.

Source of Income: Check ALL that apply
□ Wages/Salary  □ Child Support  □ AFDC  □ Retirement  □ Unemployment
□ Disability  □ Social Security  □ Other: ____________________________

Mother/Guardian total gross monthly personal income (before taxes, withholding): $ ____________ verification required
Father/Guardian total gross monthly personal income (before taxes, withholding): $ ____________ verification required
Total gross monthly household income (before taxes, withholding): $ ____________ verification required
Section E – Special Circumstances

Below, please list any special circumstances that you feel would help qualify you for our program beyond the information given on the first page of this application. Attach additional sheets if needed.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Section F – Please read and understand before signing.

I have read and understand the attached guidelines and application for the Boys & Girls Clubs of Carlsbad Scholarship Program. I understand that the completion of this application does not guarantee acceptance of scholarship. I confirm that the above information is true and correct. I authorize the Boys & Girls Clubs of Carlsbad to verify the above and attached information.

Printed Name of Parent/Guardian ___________________________ Parent/Guardian Signature ___________________________ Date ____________

Printed Name of Parent/Guardian ___________________________ Parent/Guardian Signature ___________________________ Date ____________

The Boys & Girls Clubs of Carlsbad Scholarship Program is made available through our generous donations.

The Boys & Girls Clubs of Carlsbad wishes to recognize and thank the many generous contributors who help make this program possible.

Office Use Only:

Approval/Denial Date: _____/_____/____  Staff Initials: _____  Level Awarded: G  B  N/A
Notification Date _____/_____/_____  Staff Initials: _____  Type of Notification:  Mail  In Person  Email
Notes: ____________________________________________________________