



Child's Name: _____

School & Grade: _____

SCHOLARSHIP AGREEMENT

Application for enrollment in _____ program. Date: _____

Parent/Guardian's name: _____

I/WE UNDERSTAND AND AGREE TO ABIDE BY THE FOLLOWING:

- Scholarships are available based on gross income, size of family and related factors. Awards are granted as a 30% to a 50% reduction in fees. Scholarships apply to most programs.
- You are ineligible to BGC assistance if any other assistance programs pay for your child's fees.
- Scholarships apply to prepayment of fees. Check with Club staff for the current fee payment schedule.
- A scholarship may be reinstated as soon as your fees are current.
- Failure to make payments in a timely manner will result in the enforcement of the three strikes rule.

THREE STRIKES RULE

Children of parents who are chronically late picking up their children or chronically late making payments may be denied continued service. The second time the payment is late we will notify you of the impending drop. The third time we will give you 24 hours notice of expulsion from the Club.

I have read and I understand the policies of the Boys & Girls Club. I agree to abide by the provisions as stated above and in the parent handbook and/or parent letter. I agree to pay the above-mentioned charges on or before each due date in accordance with the regulations contained herein.

Parent/Guardian Signature

Home Phone

Date

Driver's License Number & State

Work Phone

Cell Phone

Staff/Witness Signature

Date

BOYS & GIRLS CLUBS OF GREATER SAN DIEGO

APPLICATION FOR SCHOLARSHIP

CHILD(REN) TO BE ENROLLED

NAME	PROGRAM	GRADE	AGE	SCHOOL
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

HOUSEHOLD INFORMATION

List all household members	Age	Gross Monthly Income (before deductions)	All other income received last month; welfare, child support, social security.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

TOTAL HOUSEHOLD SIZE _____ TOTAL MONTHLY INCOME _____
(VERIFICATION REQUIRED)

REASON FOR SCHOLARSHIP _____

I UNDERSTAND THAT TO BE ELIGIBLE FOR A SCHOLARSHIP ALL FEES MUST BE PREPAID

PARENT'S SIGNATURE _____ PHONE NUMBER _____ DATE _____

ADMINISTRATION RECOMMENDATION: APPROVED FOR _____% DISAPPROVED _____

SCHOLARSHIP EFFECTIVE DATE _____ EXPIRATION DATE _____

COMMENTS _____

OFFICE STAFF SIGNATURE _____ DATE _____