



BOYS & GIRLS CLUBS
OF KENNEBEC VALLEY

Scholarship Check List

ALL REQUIRED DOCUMENTS MUST BE COMPLETE AND SUBMITTED AS A PACKAGE FOR THE APPLICATION TO BE PROCESSED.

- **Completed Scholarship Applications** (This includes names, address, date of birth, size of family, signed and date).

Date received _____ *Staff Intl.* _____

- **Four consecutive pay stubs** (Weekly, bi-weekly or monthly still need 4. If self-employed, a copy of the Schedule C is required. If income is from SSI benefits or other sources, we need proof of this income).

Date received _____ *Staff Intl.* _____

- **Statement of Need** (A letter or written statement from parent, grand-parent, guardian, club member or case-worker etc. is required as to the need and benefit of a scholarship).

Date received _____ *Staff Intl.* _____

- **Completed Boys & Girls Clubs of Kennebec Valley Registration Form** (Depending on the time of the year request is made for scholarship, either our Summer Registration form or Fall Registration Form).

Date received _____ *Staff Intl.* _____

GREAT FUTURES START **HERE.**



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To all scholarship applicants,

Families that are experiencing hardships and need financial assistance please complete the attached scholarship application. All household members must be included (i.e. spouse, fiancé, live-in spouse, etc.) on the application. Incomplete applications will not be considered.

Please include verification of income for all household members, which would include:

- Four current, consecutive stubs;
- Proof of child support
- TANF (if child is benefit recipient);
- SSI or Social Security grant letter/check stub;
- Tax Return if self-employed (include Schedule C and/or E)
- Any other income verification
- Statement of Need (A letter/statement from a parent, grand-parent, guardian, club member or case-worker etc. is also required as to the need and benefit of a scholarship.)

This information is necessary to determine your eligibility for a scholarship.

All scholarship packets are due by June 2nd, 2023

If you have any questions, concerns or changes in your family circumstances, please contact Paula Burke at pburke@bgckv.org or 207-582-8458 ex 108.

Thank You,

Paula Burke

Paula Burke
Chief Financial Officer

N/A **Employment Information for all Adults in Household:**

Applicant: (If you work more than one job, attach additional information)

| | | | |
|--|--------------------------------|----------------------------------|------------------------------------|
| Employer: | Employers Town: | Occupation: | Work Phone #: |
| Do you work shift work? Y/N | How often are you paid? | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-Weekly |
| | | <input type="checkbox"/> Monthly | <input type="checkbox"/> Other |
| Work Schedule (i.e. 7:00 am – 4:00pm) | | | |
| Attached last 4 consecutive wage stubs: | | | |

N/A **Self-Employment/Rental Income and Source:**

Please attach a copy of Schedule C and/or Schedule E from your most recent Tax Return or a monthly Profit and Loss Statement if your business has not yet filed a return. For new businesses, attach a statement estimating anticipated income and expenses for 1 month.

N/A **Unearned or Other Income**

Do you or any member of your household have any other income? Please attach a copy of proof of this income (i.e. example, check or award letter)

| Type of Income | Amount | How Often (Please circle one) | Name of benefit recipient |
|---------------------------|--------|----------------------------------|---------------------------|
| TANF | \$ | Weekly Biweekly Monthly Annually | |
| SSI Benefits | \$ | Weekly Biweekly Monthly Annually | |
| Social Security Benefits | \$ | Weekly Biweekly Monthly Annually | |
| Veterans Benefits | \$ | Weekly Biweekly Monthly Annually | |
| Workers Compensation | \$ | Weekly Biweekly Monthly Annually | |
| Unemployment Compensation | \$ | Weekly Biweekly Monthly Annually | |
| Disability payments | \$ | Weekly Biweekly Monthly Annually | |
| Other | \$ | Weekly Biweekly Monthly Annually | |

N/A **Education/Training Program Student Information**

If the need for child care is based on a school/education schedule, a redetermination must be completed each semester. (Semester defined as Fall, Spring and Summer)

Applicant Name:

| | | | | | | | |
|--|--------------------|------------------------------|-----|------|-----|-----|-----|
| Name of School and Location: | | | | | | | |
| Semester Start Date: | Semester End Date: | Anticipated Graduation Date: | | | | | |
| Please attach a class/school schedule. Days and hours must be included. | | | | | | | |
| | Mon | Tues | Wed | Thur | Fri | Sat | Sun |
| Additional Time Needed for Travel | | | | | | | |
| Additional Time Needed for Studying: | | | | | | | |

I certify under penalty of perjury that to the best of my knowledge the above information is true. I understand that this information may be provided to the Boys & Girls Clubs of Kennebec Valle for use in administration of this program. I agree to notify the agency within 10 days of any change in income, family size, work or school schedule or employment status.

Signature of Parent/Guardian

Date

Signature of Preparer

Date

STATEMENT OF NEED MUST BE INCLUDED WITH THIS APPLICATION

Signature _____

Date _____