

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. _____
- **O 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.



To all scholarship applicants,

Families that are experiencing hardships and need financial assistance please complete the attached scholarship application. <u>All</u> 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 <u>all</u> 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 <u>pburke@bgckv.org</u> or 207-582-8458 ex 108.

Thank You, Paula Burke

Paula Burke Chief Financial Officer

> 14 Pray St. Gardiner, ME 04345 Phone 207-582-8458 Fax 207-582-7902 www.bgckv.org



Parent/Guardian Name: Mailing Address: Street Address:				
	Street , RFD, PO Box	Town/City	Zip	County
Phone:		Work Phone:		
Town of Legal Residence:		Email address:		(Optional)
Phone:	Street , RFD, PO Box	Work Phone:	Zip	-

Number of household members:

Household Information: (check all that apply)		Do you or any member of your household receive? (check all that apply)					
Marital Status	Living Arrangement	TANF/ASPIRE (Temporary Asst. t	o Needy Families/Additional Support for People In Retraining and Employment)				
Married	Alone with Children	PaS (Parents as Scholars) CDS (Child Development Services)					
Single	With Spouse	Food Stamps	Subsidized Housing				
Child*	With live-in-partner	MaineCare (Medicaid)	Head Start 🔲 Home Start 🗌 Early Head Start 🗌				
	With Relative (Specify)	CHIPS					
	With Other (Specify)	Have you been a TANF/ASPIRE	client at any time during the past 12 months? If yes, date closed:				

*Child in State Custody or in Guardianship status.

You must complete every section for each member of your household: (Failure to do so will result in delays in processing your application), or denial/termination of services.)

Name	Sex M/F	Date of Birth m/d/yr	Relationship to Applicant (1)	Grade		If this child needs child care, does he/she have special needs? Y/N (3)	Program requesting assistance for:
			Self			Ν	

Child Support Payments

Please complete the following information for <u>all</u> children. (*If you have been a TANF or PaS client, you should have a support order*)

I do not have a child support order and I do not currently receive child support.

I have a child support order(s) Attach copy of Orders

Child:	Amount:	\$	Weekly Biweekly Monthly Annually
Child:	Amount:	\$	Weekly Biweekly Monthly Annually
Attach proof of attempt to collect	child support	through DHHS Suppo	rt Enforcement or legal system
Child:	Amount:	\$	Weekly Biweekly Monthly Annually
		Attach proof of amount	

I have a child support order but I do not currently receive support A I do not have a child support order but I currently receive support C

N/A <u>Employment Information for all Adults in Household:</u>

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?	Weekly	Bi-Weekly	Monthly	Other
Work Schedule (i.e. 7:00 am – 4:00pm)					
Attached last 4 consecutive					
wage stubs:					

N/A <u>Self-Employment/Rental Income and Source:</u>

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:			Anticip	ated Graduation Da	te:	
Please attach a class/school sch	edule. Day	rs and hours mus	t be included.						
		Mon	Tues	Wed	Thur		Fri	Sat	Sun
Additional Time Needed for Travel									
Additional Time Needed for Studyir	ng:								

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 <u>10</u> 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

Please check one: Child Care Teen Center Summer Sports



Statement of Need

Child/Children's Name(s):
Parent/Guardian:
Person Completing Statement of Need:
Have you applied for or receive assistance from another organization? YES or NO
If Yes, Where?
Why would this family benefit from a scholarship?

Signature _____

Date _____