



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 May 20th, 2022.

If you have any questions, concerns or changes in your family circumstances, please contact Paula Burke, Chief Financial Officer.

Thank You,

Paula Burke

Paula Burke
Chief Financial Officer



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Please check one:

- Child Care
- Teen Center
- Summer
- Sports

Statement of Need

Child/Children's Name: _____

Parent/Guardian: _____

Person Completing Statement of Need: _____

Have you applied for assistance from another organization? YES or NO

If Yes, Where? _____

Why would this family benefit from a scholarship?

Signature _____

Date _____



**BOYS & GIRLS CLUBS
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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)

Number of household members: _____

Household Information: (check all that apply)	
Marital Status	Living Arrangement
<input type="checkbox"/> Married	<input type="checkbox"/> Alone with Children
<input type="checkbox"/> Single	<input type="checkbox"/> With Spouse
<input type="checkbox"/> Child*	<input type="checkbox"/> With live-in-partner
	<input type="checkbox"/> With Relative (Specify)
	<input type="checkbox"/> With Other (Specify)

Do you or any member of your household receive? (check all that apply)	
<input type="checkbox"/> TANF/ASPIRE (Temporary Asst. to Needy Families/Additional Support for People In Retraining and Employment)	
<input type="checkbox"/> PaS (Parents as Scholars)	<input type="checkbox"/> CDS (Child Development Services)
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Subsidized Housing
<input type="checkbox"/> MaineCare (Medicaid)	<input type="checkbox"/> Head Start <input type="checkbox"/> Home Start <input type="checkbox"/> Early Head Start <input type="checkbox"/>
<input type="checkbox"/> CHIPS	
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				N	

Child Support Payments

Please complete the following information for all 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

I have a child support order but I do not currently receive support
 Child: _____ Amount: \$ _____ Weekly Biweekly Monthly Annually
 Attach proof of attempt to collect child support through DHHS Support Enforcement or legal system

I do not have a child support order but I currently receive support
 Child: _____ Amount: \$ _____ Weekly Biweekly Monthly Annually
 Attach proof of amount

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