



**BOYS & GIRLS CLUB
OF SALEM
MARION AND POLK COUNTIES**

Athletic Scholarship Application

All applications and proper documentation must be completed to be eligible for consideration. Incomplete applications will not be accepted. Scholarship may cover up to 50% of the registration fee, they are available on a first come, first serve basis. All applications need to be submitted on or before the indicated deadline.

Acceptable Proof of Income: Pay stubs (recent 30 days), Unemployment, Tax Returns (Current Year), DHS, SS Disability

Application Deadline:

Youth Information:

1st child	Last Name:		First Name:	
	DOB: / /	Sport:		Grade:
2nd child	Last Name:		First Name:	
	DOB: / /	Sport:		Grade:
3rd child	Last Name:		First Name:	
	DOB: / /	Sport:		Grade:

Parent/ Guardian Contact Information:

Last Name:		First Name:	
Address:		Zip Code:	
Phone: () -	Annual Income:		Household Size:
*E-mail (Primary Form of Communication):			

Certification:

I/we certify that all of the information provided is true to the best of my knowledge. I understand the information provided will be used to decide my eligibility for a scholarships and that submitting this form does not guarantee a scholarship.

/ /

Applicant's Signature Date

For Office Use ONLY:

Date Received:	_____		Received By:	_____	
Documentation Provided:	<input type="radio"/> Pay Stub	<input type="radio"/> Tax Return	<input type="radio"/> Other		
Status:	Approved	Amount : \$ _____	Denied		