

Boys & Girls Club of Hood County
Scholarship Application

Dependent's Full Name _____

Address _____ **City** _____

State _____ **Zip** _____ **Phone** _____

Social Security Number _____ **Date of Birth** _____

School _____ **Grade** _____

Sex Male Female

Race/Ethnic group: African American Native American Hispanic/Latino

Caucasian Other

Parent Information

Name _____ **Date of Birth** _____

Address (if different than child) _____

Phone Number _____ **Cell Phone** _____

Marital Status: Married Separated Divorced Widowed Single

Education: (What is the highest level of education you have attained)

Elementary

Junior High (6-8 yrs)

High School

4-year College (14-15 yrs)

Sex: Male Female

Relation to Child: Mother Father Stepmother Stepfather Grandparent Legal Guardian

Are you or any member of your household disabled/handicapped? _____

Does your child/children receive free/reduced lunch? If yes, which one _____

WORK

Place of Employment _____

Position Title _____

Full Time _____ **Part-Time** _____ **How many hours a week** _____

SPOUSE/PARTNER INFORMATION

Name _____ **Date of Birth** _____

Address _____ **City** _____

State _____ **Zip** _____ **Phone** _____

Is spouse living in household with child? If NO does spouse contribute in child support for the child above, how much? _____

SPOUSE WORK INFORMATION

Employer _____

Address _____ **City** _____

State _____ **Zip** _____ **Work Phone** _____

Total Monthly Household Income (NET) _____

My child has had the following involvement with the Boys & Girls Club of Hood County (leagues, programs, camps)

Please List All Members of Household

Name _____ **Age** _____ **Grade/School (if applicable)** _____

By signing this form, I agree to the following:

1. I understand that I must attach a copy of the most recent income tax form, paycheck stub, and a copy of any state assistance in which I receive including TANF, Lone Star, Medicaid, Medicare, Free/Reduced Lunch, etc.
2. I give Boys & Girls Club of Hood County permission to verify my employment, my salary, my family income, and information reported on my enclosed tax return.
3. I understand that it is my responsibility to report any change in my employment status, any change of address, any change of dependent care, and any change in family income; I understand that providing inaccurate information may result in disqualification from this program.
4. I understand that by filling this out does not secure my child a scholarship, but places him/her in the next step of the scholarship selection committee process.

Signature _____ **Date** _____