



Basketball Scholarship Supplement

Please be advised that **all** required documents must be completed and turned in simultaneously in order to be processed. All documents must be legibly written in black or blue ink. Failure to follow the guidelines will hinder the application process.

Basketball Scholarship Applications must be submitted by Saturday, October 15th, 2016 for 4th-7th graders and Friday, December 9th, 2016 for K-3rd graders. Applications will not be processed after the deadlines. Families interested in program scholarships will be required to apply for a scholarship for each individual applicant. All cancellations must be reported to Hayley Wuehler by email hayley@fayettevillekids.org or 479-442-9242 ext. 136.

All basketball participants are required to pay \$15 for the first child and \$5 for any additional children. Payments must be paid in full when turning in the application.

Please choose one of the three (3) following that best describes your **membership** with the Club (A current membership to the Boys & Girls Club is a requirement and must be in effect for as long as the activity:

1. We have **never received a membership scholarship** from the Club. Please fill out the Membership Scholarship packet and the scholarship schedule portion (page 3) of this application.
2. It has been **less than 90 days since we received our membership scholarship** approval. Please sign below and then skip to the scholarship schedule portion (page 3) of application.

I certify (promise) that all information on my scholarship application that was approved on _____ is still valid and that all income was reported. I understand that the Boys and Girls Club officials may verify (check) the information. I, also, understand that the Boys and Girls Club is not responsible for injury or loss of property while participating in above scholarship activity. I do, hereby, release the Boys and Girls Club, its employees, sponsors & Board of Directors from any liability for any accident or injury.

SIGNATURE: _____

TODAY'S DATE: _____

3. It has been **more than 90 days since we received our membership scholarship** approval. Please fill out the income verification on the following page, scholarship schedule (page 3) and turn in one of the document choices listed below:

- Copy of 2 most recent check stubs OR
- DHS (Letter of Current Verification) OR
- Social Security (Letter of Current Verification) OR
- Unemployment (Letter of Current Verification) OR
- Self-Employed (Current Income Tax Return with itemized lists of deductions and taxes)

ALL GOVERNMENT ASSISTANCE FORMS MUST HAVE A CURRENT DATE AND DATE OF AWARD TO QUALIFY AS PROOF OF INCOME

We do not accept any personal handwritten letters of income.

PART 1 Income Verification

Child's Name: _____ Male Female Grade: _____

PART 2 Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ _____

PART 3 Total Household Income from Last Month- You must tell us how much and how often

Food Stamp Case # _____ (if applicable) If food stamp case number was entered, provide proper DHS verification.

LIST EVERYONE IN HOUSEHOLD			Gross Income/ How Often Received	Welfare, Child Support, Alimony	Pension, Retirement, Social Security	Check if "No" Income
First	Last	Age				
Jane Doe (example)		30	\$300/ bi-monthly (ex)	\$150/weekly (ex)	\$600/monthly (ex)	<input checked="" type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

PART 4 Signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that the Boys and Girls Club officials may verify (check) the information. I, also, understand that the Boys and Girls Club is not responsible for injury or loss of property while participating in above scholarship activity. I do, hereby, release the Boys and Girls Club, its employees, sponsors & Board of Directors from any liability for any accident or injury.

SIGNATURE: _____ TODAY'S DATE: _____

DO NOT COMPLETE THIS SECTION. THIS SPACE IS FOR DWRBGC STAFF USE ONLY.

MONTHLY INCOME CONVERSION: WEEKLY * 4.33, BI-WEEKLY * 2.15

DATE RECEIVED: ____/____/____ HOUSEHOLD SIZE: _____

MONTHLY INCOME: _____ YEARLY INCOME: _____ APPROVED DENIED

REASON: DHS LOW INCOME OVER BY: _____

ACTIVATION DATE: ____/____/____ LETTER MAILED? YES, When? ____/____/____

NO, Why? SPOKE TO APPROVED FOR ACTIVITY

DETERMINING OFFICIAL'S SIGNATURE: _____