



2017 Football Scholarship Application

Please be advised that **all** required documents must be completed and turned in at the same time in order to be processed. Please note the deadlines as we will not process a scholarship after that date.

- Families interested in scholarships will be required to apply for a scholarship for each individual applicant.
- 7 on 7 **Deadline Wednesday July 12th**
- Tackle and Flag **Deadline Wednesday July 19th**
- Football participants are required to pay an administration fee when turning in application
 - Tackle football is \$20 for the first child and \$5 for any additional children
 - Flag football is \$20 for the first child and \$5 for any additional children
 - 7 on 7 football - \$10 for the first child and \$5 for any additional children

Please choose **one** of the three following that best describes your membership status with the Club:

1. We have **never received a membership scholarship** from the Club. Please fill out the Membership Scholarship Packet.
2. It has been **more than 90 days since we received our membership scholarship** approval notification. Please fill out the income verification form on the following page and turn in one of the document choices listed below:
 - Copy of 2 most recent check stubs
 - DHS Letter of Current Verification
 - Social Security Letter of Current Verification
 - Unemployment Letter of Current Verification
 - 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.

3. It has been **less than 90 days since we received our membership scholarship** approval notification.

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.

Child's Name: _____ Child's Date of Birth: _____
Guardian's Signature: _____ Today's Date: _____

If you have any questions please feel free to contact **Hayley Wuehler** by phone **479-442-9242 ext. 136** or by email hayley@fayettevillekids.org

Income Verification Form

| Child's Information | | |
|---------------------|---|--------------|
| Child's Name: _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | Grade: _____ |

| Total Household Income from Last Month- You must tell us how much and how often | | | | |
|---|-------------------------------------|---------------------------------|--------------------------------------|-------------------------------------|
| LIST EVERYONE IN HOUSEHOLD First Last Age | Gross Income/ How Often Received | Welfare, Child Support, Alimony | Pension, Retirement, Social Security | Check if "No" Income |
| Jane Doe (example) 30 | \$300/ bi-monthly (ex) | \$150/weekly (ex) | \$600/monthly (ex) | <input checked="" type="checkbox"/> |
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| | | | | <input type="checkbox"/> |

| Signature |
|---|
| <p>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.</p> |
| <p>Signature: _____ Today's Date: _____</p> |

| DO NOT COMPLETE THIS SECTION. THIS SPACE IS FOR DWRBGC STAFF USE ONLY. |
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| <p>MONTHLY INCOME CONVERSION: WEEKLY * 4.33, BI-WEEKLY * 2.15</p> |
| <p>DATE RECEIVED: ____/____/____ HOUSEHOLD SIZE: _____</p> |
| <p>MONTHLY INCOME: _____ YEARLY INCOME: _____ <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p> |
| <p>REASON: <input type="checkbox"/> DHS <input type="checkbox"/> LOW INCOME <input type="checkbox"/> OVER BY: _____</p> |
| <p>ACTIVATION DATE: ____/____/____ LETTER MAILED? <input type="checkbox"/> YES, When? ____/____/____</p> |
| <p><input type="checkbox"/> NO, Why? <input type="checkbox"/> SPOKE TO <input type="checkbox"/> APPROVED FOR ACTIVITY</p> |
| <p>DETERMINING OFFICIAL'S SIGNATURE: _____</p> |