



**BOYS & GIRLS CLUB
OF FAYETTEVILLE**

Membership Scholarship Application

Please be advised that **all** required documents must be fully completed and turned in together in order to be processed. All documents must be legibly written in black or blue ink. Appropriate applications must be filled out for the corresponding request (i.e. membership scholarship form for membership and activity scholarship form for activity). Failure to follow the guidelines will hinder the application process.

**Please note that there will be a non-refundable administration fee of \$5 due up front for all membership scholarship applications. If you are unable to pay this fee please make an appointment with our Scholarship Administrator to review your situation. Please allow 7- 14 business days to process applications.*

Applicant Information:

Primary Contact Name: _____ Email: _____

Membership Type: Student Adult Family- # in family _____

Required Forms:

- Completed Membership Application
- Completed Scholarship Information Sheet
- Completed Income Verification Form
- One of the following:
 - Copy of 2 most recent check stubs
 - DHS Current Letter of Verification
 - Social Security Current Letter of Verification
 - Unemployment Current Letter of 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.

Scholarships Provided By:



Signature of Receiving Staff _____ Fee Paid _____ Date _____



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Scholarship Information Form

Please answer the following. Information will be used for grant reporting purposes only.

1. Would you have access to indoor recreation without this scholarship?

- Yes No

2. What is your relationship to the minor applicant(s)?

- Mother Father Grandparent
 Aunt/Uncle Other (please specify) _____ Not Applicable (N/A)

3. Does minor applicant(s) live with you more than 50% of the year?

- Yes No N/A

4. Please check all that apply to your household.

- School Lunch Program TANF/TEA Day Care Vouchers
 Food Stamps Medicaid SSI Other (please specify) _____
 N/A

5. How often will the member(s) utilize the Club?

- Daily Weekly Monthly Summers Only For Sports Only

6. Who will care for the child(ren) after school/summers if they were not at the Club?

- Family Friends Siblings Childcare provider Not sure
 Other (please specify) _____ N/A

7. Which of the following programs do you or your family members intend to participate in this year?

- Football Basketball Zing! Pool/Swim Lessons/Water Aerobics
 Gymnastics Fitness Center Rock Climbing None of the above

8. What is your overall satisfaction level with the recreational opportunities offered through the Club?

- Satisfied Neutral Unsatisfied

Returning Youth Members Only

If your child has been a member of the Club in the past please answer the following in regards to their membership.

1. There has been improvement in my child's behavior.

- Strongly Agree Agree Unsure Disagree Strongly Disagree

2. My child participates in positive developmental activities.

- Strongly Agree Agree Unsure Disagree Strongly Disagree

3. My child has made positive friends and associations at the Club.

- Strongly Agree Agree Unsure Disagree Strongly Disagree

4. My child is more physically active.

- Strongly Agree Agree Unsure Disagree Strongly Disagree



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Income Verification Form

Head of Household Information		
Name:	Birthdate:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Total Household Income from Last Month- You must tell us how much and how often						
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"/>
Totals						<input type="checkbox"/>

Signature	
<p>I 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 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>	
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: _____ <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
REASON: <input type="checkbox"/> DHS <input type="checkbox"/> LOW INCOME <input type="checkbox"/> OVER BY: _____	
ACTIVATION DATE: ____/____/____	LETTER MAILED? <input type="checkbox"/> YES, When? ____/____/____
	<input type="checkbox"/> NO, Why? <input type="checkbox"/> SPOKE TO <input type="checkbox"/> APPROVED FOR ACTIVITY
DETERMINING OFFICIAL'S SIGNATURE: _____	

membership application

Membership Type

_____ Student
\$60 Annually

_____ Adult
\$200 Annually

_____ Family
\$300 Annually

Member Information

Head of Household _____ Date of Birth ____ / ____ / ____

Home Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Secondary Adult _____ Date of Birth ____ / ____ / ____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Emergency Contact Information

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Household Information (used for grant and reporting purposes only)

Single Parent Household? _____ One or more parents in jail? _____ Free/Reduced Lunch? _____

Child(ren) Live with Mother Father Grandparent(s) Aunt/Uncle Foster Care Other

Household Income Level Less than \$24,499 \$25,000 to \$49,999 \$50,000 to \$74,999
 \$75,000+

Youth Member(s) Information

This section must be filled out completely for each youth member.

Name _____ Date of Birth ____ / ____ / ____ Gender _____

School _____ Grade _____ Weight _____ Height _____

Ethnicity African-American Caucasian Hispanic Multi-Racial Asian
 Hawaiian-Pacific Islander Native American Other Prefer not to answer

Name _____ Date of Birth ____ / ____ / ____ Gender _____

School _____ Grade _____ Weight _____ Height _____

Ethnicity African-American Caucasian Hispanic Multi-Racial Asian
 Hawaiian-Pacific Islander Native American Other Prefer not to answer

Youth Member(s) Information Continued

This section must be filled out completely for each youth member.

Name _____ Date of Birth ____ / ____ / ____ Gender _____
 School _____ Grade _____ Weight _____ Height _____
 Ethnicity African-American Caucasian Hispanic Multi-Racial Asian
 Hawaiian-Pacific Islander Native American Other Prefer not to answer

Name _____ Date of Birth ____ / ____ / ____ Gender _____
 School _____ Grade _____ Weight _____ Height _____
 Ethnicity African-American Caucasian Hispanic Multi-Racial Asian
 Hawaiian-Pacific Islander Native American Other Prefer not to answer

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Membership Agreement Terms

Children ages 6 - 15 are welcome unaccompanied by an adult during Youth Development Programs (YDP) hours (visit www.fayettevillekids.org for detailed hours). Our staff does not grant permission to kids to leave the Club, nor do we insist that they stay. The decision as to when a child arrives and leaves the Club, and with whom they do is a matter handled between parent and child. Children not mature enough to capably handle this responsibility should have the close supervision of other, more structured programs.

I give my permission to the Donald W. Reynolds Boys & Girls Club (DWRBGC) to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by the DWRBGC, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

I give permission for DWRBGC to survey my child about his/her Club experiences, risk behaviors, skills, and attitudes. I agree that if I do not want my child to participate in surveys, I must provide notice in writing to DWRBGC.

I give permission for my child to go on trips with DWRBGC.

I hereby authorize a representative of the Club to administer first aid treatment or seek medical attention for myself/child.

I give my permission for myself/child to be photographed or videotaped and any artwork or projects created by my child to be used in the production of promotional materials. I understand that the materials will be the sole property of DWRBGC and may be used in newsletters, brochures, newspapers, and any other production the Club deems appropriate.

I verify that no person listed on this membership application has been convicted of a crime against children, or sexual assault and that I understand all adult members are subject to a background check.

Waiver and Release of Liability

I, the parent/person participating or having legal custody/guardianship of the above said minor, understand and acknowledge that the use of equipment and facilities provided by DWRBGC and participation in programs (informal, instructional, fitness, sports, weight and cardiovascular training, swimming and any other programs and services sponsored by DWRBGC and/or activities occurring in the building involve risks including, but not limited to the following: risk of property damage, bodily injury, including, but not limited to permanent disability, paralysis and possibly death. I voluntarily assume all risks described that may arise out of or result from the use of the equipment or facilities, and/or the services of DWRBGC. I waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know or suspect to exist at the time of executing the release. This means, in part, that I am releasing unknown future claims. I hereby release, waive, indemnify and hold DWRBGC, its directors, employees, volunteers and participants, harmless from any and all claims, causes of action, suits, liability, losses, or damages for any negligence, property damage, property loss or theft, personal injury, death or other loss arising from or relating to my use of the property, facilities, and/or services.

I have read and understand the membership agreement terms and waiver listed above and agree to all of the information and rules explained.

Signature (parent/guardian) _____ Date _____

Staff Use Only			
Accepted By _____	Payment Info _____	Date _____	Entered In YES By _____
			Date _____