



## 2017 Zing Scholarship Application

Please be advised that **all** required documents must be completed and turned in simultaneously in order to be processed.

- Families interested in Zing scholarships will be required to apply for a scholarship for each individual applicant.
- If approved, the fee is \$20 per week.
- Zing Scholarship Policy does not allow refunds or week transfers unless arrangements are made on or before Monday of the week in question.

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](mailto: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 <b>EVERYONE</b> IN HOUSEHOLD <b>First</b> <b>Last</b> <b>Age</b>	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"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<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 &amp; 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.
<p style="text-align: center;">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 style="text-align: right;"><input type="checkbox"/> NO, Why?    <input type="checkbox"/> SPOKE TO    <input type="checkbox"/> APPROVED FOR ACTIVITY</p> <p>DETERMINING OFFICIAL'S SIGNATURE: _____</p>