



Zing Scholarship Packet

Please Read: 2010 Zing Summer Program Scholarship Guidelines

Upon qualifying for a Zing Scholarship, applicants and guardians will be required to specify desired classes on the provided class schedule. Pick one class per session (2 per week). Efforts will be made to enroll your child in the selected classes. If classes fill, an alternate class will be chosen by the Boys & Girls Club. Each program will cost **\$10 per week**. Children will be required to attend their program at least three days per week in order to comply with the Zing Scholarship guidelines. If the scholarship recipient fails to comply with these guidelines he or she will be subject to removal from the Zing Scholarship Program without refund.

Providing that applicants qualify for a scholarship, the total maximum of activities allotted are nine (9) per child for the Zing summer program.

Activity Scholarship Applications must be submitted a **minimum of ten working days prior program registration deadline**. 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.

Donald W. Reynolds Boys & Girls Club of Fayetteville
560 North Ruppel Road • Fayetteville, AR 72704 • Tel 479-442-9242 • Fax 479-442-6192
www.fayettevillekids.org

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BOYS & GIRLS CLUB
OF FAYETTEVILLE

Membership Scholarship Packet

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

- Check to Show Receipt of Applicable Forms:
- Completed Membership Form (if applicable)
- Completed Scholarship Form
- Copy of 2 most recent check stubs OR

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

Must choose from one of the following

- 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)

We do not accept *any* handwritten letters of income.

Signature of Receiving Staff _____

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PART 1 Request Information				
Child's Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Grade:
Type of Activity				
PART 2 Additional Information				
PART 3 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 4 Total Household Income from Last Month- You must tell us how much and how often				
1. Food Stamp Case #		(if applicable)	If food stamp case number was entered, provide proper DHS verification.	
LIST <u>EVERYONE</u> IN HOUSEHOLD		Gross Income/ How Often Received	Welfare, Child Support, Alimony	Pension, Retirement, Social Security
First	Last	Age		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"/>
PART 5 Signature and Personal Information (Adult must Sign)				
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: _____		
HOME PHONE: _____		WORK PHONE: _____		MESSAGE PHONE: _____
STREET OR RURAL ADDRESS: _____			CITY: _____	
STATE: _____		ZIP CODE: _____	E-MAIL ADDRESS: _____	
PART 6 Demographic Information				
Name of School			County of Residence	
PART 5 CHECK RACIAL AND ETHNIC IDENTITIES (OPTIONAL)				
<input type="checkbox"/> CAUCASIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> MIDDLE EASTERN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> MULTI-RACIAL				

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DO NOT COMPLETE THIS SECTION. THIS SPACE IS FOR BOYS AND GIRLS CLUB OFFICIALS ONLY.

Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice a month x 2

Date Received: _____ Monthly Income: _____ Household Size: _____

Eligibility: Approved _____ Denied _____ Reason: _____

Determining Official's Signature: _____ Date: _____

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2010 Zing Scholarship Class Schedule

Efforts will be made to enroll your child in the selected classes. If classes fill, an alternate class will be chosen by Club staff. Program cost is \$10/week. Fees due June, 4.

Name: _____

Grade (circle): 1st-3rd 4th-7th

Date	Class		Early Bird (7:30am drop-off)
June 8-11	(9-10:30)	1.)	<input type="checkbox"/>
	(10:30-12)	2.)	
June 14-18	(9-10:30)	1.)	<input type="checkbox"/>
	(10:30-12)	2.)	
June 21-25	(9-10:30)	1.)	<input type="checkbox"/>
	(10:30-12)	2.)	
Jun 28-Jul 2	(9-10:30)	1.)	<input type="checkbox"/>
	(10:30-12)	2.)	
July 12-16	(9-10:30)	1.)	<input type="checkbox"/>
	(10:30-12)	2.)	
July 19-23	(9-10:30)	1.)	<input type="checkbox"/>
	(10:30-12)	2.)	
July 26-30	(9-10:30)	1.)	<input type="checkbox"/>
	(10:30-12)	2.)	
Aug 2-6	(9-10:30)	1.)	<input type="checkbox"/>
	(10:30-12)	2.)	
Aug 9-13	(9-10:30)	1.)	<input type="checkbox"/>
	(10:30-12)	2.)	

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