

SCHOLARSHIP APPLICATION

Fill out form completely. Failure to do so will result in a delay in processing the form. Any false information can result in your denial for assistance. **The following information is required:**

- Membership Application must be completed (online at www.BGC-LNV.org)
- · Most recent tax year 1040 Tax Form or current year's W2 must be attached
- · Most recent four weeks of work pay stubs
- · If divorced, copy of court decree outlining amount of support due monthly
- · If you receive SS/Disability, you must include document outlining your monthly benefits
- · If you are currently unemployed, you are not eligible for a scholarship

Incomplete applications will be returned. Applications is responsible for making copies of all required documents. ORIGINALS WILL NOT BE RETURNED.

Child's Informa	ation						
Child's Name							
Address							
City				State		ZIP	
Phone							
Age				Date of Birth	. <u></u>		
School				Grade			
How long has c	hild been a	Club member?		Club Membership #			
Parent's Inform	nation - AL	L INFORMATI	ON IS REQUIR	-	s your appl	ication	
Mother's Name				Phone #			
Place of Employ	/ment						
Father's Name Phone #							
Place of Employ							
Married		orced 🗖	Separate	d 🗖	Single		
Annual Family I							
Total # Adults Living in Household Total # Children Living in Household							
Are you receiving any money from other sources? Yes							No 🗖
Please explain	briefly why	ou are applyin	g for a scholars	hip.			
Have you receiv			• •	-		Yes 🗖	No 🗖
This does NOT	mean you	will automation	cally get a scho	olarship this y	vear.		
Parent's/Guardian's Signature							Date
Office Use Onl	у						
Accepted	Denied 🗖	Amount Parent	t/Guardian will pa	y:	Weekly	Monthly	Yearly