

# GREAT FUTURES START HERE.



**BOYS & GIRLS CLUBS  
OF THE HIGH ROCKIES**

## Scholarship Policy

The Boys & Girls Clubs of the High Rockies has a commitment to serve children, especially those from disadvantaged circumstances. We strive to serve as many children as possible, given our available resources. In this spirit there are limitations on what programs and services we can offer for free or reduced rates. Scholarships apply to membership fees only and do not apply towards field trip fees or other special events. In order to assist those families in need and reach as many kids as possible we adhere to the following policy:

1. Families who meet qualifications are eligible for scholarships and work scholarships.
2. Eligibility is based on annual income, lawful presence, and kinship of children.
3. Scholarship application and required information and materials must be submitted to the Club and approved prior to scholarship acceptance.
4. Membership fees are not waived during application processing.
5. This application applies only to the **2019 – 2020 Membership Year**
6. Work scholarships are available only to members who are in 6<sup>th</sup>-12<sup>th</sup> grades.
7. Any requests for exceptions to our policy must be made in writing to the Executive Director and be presented with this scholarship application.
8. All information will be kept confidential.

           (initial) I have read the above scholarship policy and understand the eligibility qualifications and availability of scholarship programs. I understand that a scholarship award is not guaranteed and is based on availability and offered on a first come first serve basis.

### Required Information and Materials

When applying for a scholarship, you will need the following information:	We accept the following documents: (We can make copies for you at the Club.)	Please check that you have included the required information:
<b>Income verification</b> for all household members including name, address, and phone number of employer	<ul style="list-style-type: none"> <li>• Paycheck stub</li> <li>• Most recent tax filing</li> <li>• SSI or SSID award letter</li> </ul>	<input type="checkbox"/>
<b>Residency verification</b> - Proof that your family resides within Park County. <u>This must show your physical address and not a PO Box.</u>	<ul style="list-style-type: none"> <li>• Colorado DL or ID with physical Park County address</li> <li>• Current lease or mortgage</li> <li>• Recent utility bill with family name and service location</li> <li>• Vehicle registration card</li> </ul>	<input type="checkbox"/>
Document to support <b>lawful presence</b>	<ul style="list-style-type: none"> <li>• Colorado DL or ID Card</li> <li>• Out of state DL</li> <li>• U.S. Passport</li> </ul>	<input type="checkbox"/>

           (initial) I attest that we are a family who resides within Park County; the children listed on this application are within 5<sup>th</sup> degree of kinship or legally adopted or fostered; and we are lawfully present in the United States.

## Scholarship Application Form for 2019 – 2020 Membership Year

Parent/Guardian 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ How Long? \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address and Phone: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ How Long? \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address and Phone: \_\_\_\_\_

Member's Physical Address: \_\_\_\_\_ Number of people in home? \_\_\_\_\_

Total gross annual income for all household members \$ \_\_\_\_\_

**Please indicate any other assistance you receive:**

<input type="checkbox"/> Free or reduced lunch	<input type="checkbox"/> Social Security (SSI or SSID)
<input type="checkbox"/> Food assistance (SNAP)	<input type="checkbox"/> Medicaid
<input type="checkbox"/> TANF	<input type="checkbox"/> WIC
<input type="checkbox"/> Heating or energy assistance (LEAP)	<input type="checkbox"/> Other:
<input type="checkbox"/> Subsidized housing	<input type="checkbox"/> Other:

**Would like more information about any of these assistance programs or resources that may be available to you?** (If you select yes, you grant permission to share your phone number and request for information with Park County Human Services and/or Park Family Connections. This is the only information that will be shared.)

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe your need for scholarship assistance and any other information that should be considered.

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**Please list the names and ages the children in your family you wish us to scholarship below.**

Child's Name	Age	Grade (As of Aug. 2019)	ADMIN USE ONLY		
			Approved/Denied	Co-pay Amount	Date & Staff Initials



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date