



**BOYS & GIRLS CLUBS
OF SONOMA VALLEY**

MEMBERSHIP SCHOLARSHIP APPLICATION

This application must be completed for consideration to receive a scholarship for membership with the Boys & Girls Club. The information provided will be kept confidential. We may use statistics only (no names) for the purposes of funding/grant requirements for the Club.

Member Name: _____ Best Contact Number: _____

Birth Date: _____ Age: _____ Male Female

School: _____ Teacher: _____ Grade: _____

1) Parent / Legal Guardian Name: _____ Relationship: _____

Employer: _____ Work Phone: _____ Home Phone: _____

2) Parent / Legal Guardian Name: _____ Relationship: _____

Employer: _____ Work Phone: _____ Home Phone: _____

Does your child have a Mentor through Sonoma Valley Mentoring Alliance? Yes No

Mentor Name: _____ Phone: _____

Annual Household Income:

\$15,000 or below \$15,001-25,000 \$25,001-35,000 \$35,001-45,000 \$45,001-55,000 \$55,001-65,000 \$65,000+

Member Lives with:

Mother Only Father Only Both Parents Foster Care Grandparents Group Home Other (Specify) _____

Number of children living in the home _____ **What are you able to pay today** _____

Circle Programs You Use:

TANF SSDI Food Stamps General Assistance School Lunch Program Veterans Compensation Migrant Education

***Reason for requesting scholarship (Please be specific):**

Signature: _____ Date: _____