



**BOYS & GIRLS CLUBS  
OF SONOMA VALLEY**

**SUMMER CAMP SCHOLARSHIP APPLICATION**

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

**(1) Member Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female  Non-Binary/Third

School: \_\_\_\_\_ Grade (2023/2024): \_\_\_\_\_

**(2) Member Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female  Non-Binary/Third

School: \_\_\_\_\_ Grade (2023/2024): \_\_\_\_\_

**(3) Member Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female  Non-Binary/Third

School: \_\_\_\_\_ Grade (2023/2024): \_\_\_\_\_

**(4) Member Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female  Non-Binary/Third

School: \_\_\_\_\_ Grade (2023/2024): \_\_\_\_\_

**1) Parent / Legal Guardian Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**2) Parent / Legal Guardian Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Member Lives with:**

Mother Only    Father Only    Both Parents    Foster Care    Grandparents    Group Home    Homeless

Other (Specify) \_\_\_\_\_

**Number of People in Household:** \_\_\_\_\_ **Number of People in Household Under 18:** \_\_\_\_\_

**Annual Household Income:**

\$22,000 or below    \$22,001-32,000    \$32,001-42,000    \$42,001-52,000    \$52,001-62,000    \$62,001-72,000    \$72,000+

**Circle Programs You Use:**

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

**\*Additional Documentation May Be Requested\***

Does your Member(s) have Childcare processed through 4C's?    Yes    No

Does your Member(s) have a Mentor through Sonoma Valley Mentoring Alliance?    Yes    No

Mentor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Which Summer Camp Session is Child 1 Most Interested In? \_\_\_\_\_

Child 2? \_\_\_\_\_ Other Camp(s) Interest: \_\_\_\_\_

Child 3? \_\_\_\_\_

Child 4? \_\_\_\_\_

**\*Reason for requesting Financial Aid/Scholarship (Please be specific):**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**DO NOT COMPLETE: CLUB USE ONLY:**

**Determining Officials Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Scholarship: Discovery Camp:** \_\_\_\_\_ **Specialty Camp:** \_\_\_\_\_ **Middle School Camp:** \_\_\_\_\_

Membership Manager: Erika Reyes | 707.938.8544 ext.102 | ereyes@bgcsonoma.org