



**BOYS & GIRLS CLUBS
OF SONOMA VALLEY**

BGCSV SCHOLARSHIP APPLICATION

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

(1) Member Name: _____

Birth Date: _____ Age: _____ Male Female Other

School: _____ Grade (2025/2026): _____

(2) Member Name: _____

Birth Date: _____ Age: _____ Male Female Other

School: _____ Grade (2025/2026): _____

(3) Member Name: _____

Birth Date: _____ Age: _____ Male Female Other

School: _____ Grade (2025/2026): _____

(4) Member Name: _____

Birth Date: _____ Age: _____ Male Female Other

School: _____ Grade (2025/2026): _____

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:

\$27,000 or below \$27,001-37,000 \$37,001-47,000 \$47,001-57,000 \$57,001-67,000 \$67,001-77,000 \$77,000+

Circle Programs You Use:

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

Additional documentation is required

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: _____

***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: Summer Camp: _____ School Year: _____ Athletics: _____

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

This scholarship is valid until May 30, 2026, for all programs your listed children participate in during the 2025-2026 school year. Renewal is required after this date.