

## **Scholarship Application Checklist**

Please note that we will <u>only</u> accept and begin to process a completed scholarship application with all the required documents included. Do not submit your application prior to the collection of every required document, we will not hold incomplete application forms nor will documents be collected and stored individually.

Please check the applicable boxes below to acknowledge that you've provided all necessary documents.

I have provided a completed Scholarship Application, and it has been signed and dated.
I have provided one of the following "employment verifications" for Parent/Guardian #1:  □ Two (2) most recent paystubs that include the employer's name, applicants full name, and tax deductions  □ Unemployment benefits award letter that includes benefit amount  □ SSI Disability award letter with benefit amount  □ TANF or Washington State cash benefits award letter that includes the amount awarded  □ Self-Employment documents displaying applicant's monthly income or a written statement explaining your current financial situation and yearly income
I have provided one of the following "tax documents" for Parent/Guardian #1:  ☐ The current tax years W-2  ☐ The current tax years 1099  ☐ The first page of a completed tax return for the current tax year  ☐ A written statement indicating why no tax information is available or has been reported
I have provided one of the following "employment verifications" for Parent/Guardian #2:  □ Two (2) most recent paystubs that include the employer's name, applicants full name, and tax deductions  □ Unemployment benefits award letter that includes benefit amount  □ SSI Disability award letter with benefit amount  □ TANF or Washington State cash benefits award letter that includes the amount awarded  □ Self-Employment documents displaying applicant's monthly income or a written statement explaining your current financial situation and yearly income
I have provided one of the following "tax documents" for Parent/Guardian #2:  ☐ The current tax years W-2  ☐ The current tax years 1099  ☐ The first page of a completed tax return for the current tax year  ☐ A written statement indicating why no tax information is available or has been reported



OFFICE USE ONLY
Scholarship %
Staff Approval
Date:
Exp:

## **Scholarship Application**

Please submit all requested information to <a href="mailto:scholarship@bgcbellevue.org">scholarship@bgcbellevue.org</a> or submit it to one of our locations for review.

Please note: a membership or scholarship application does not enroll the child (s) in any of our programs, nor does it reserve space in a BGCB program. You are encouraged to register your child in any of our programs prior to scholarship approval but will be fully financially responsible for any fees accumulated in the event your scholarship is not approved. Late pick-up fees are not covered by scholarship & will be the households sole financial responsibility.

Additionally, please complete the following steps listed to have your scholarship available for your households use once approved:

- Please login to our website at <a href="www.bgcbellevue.org">www.bgcbellevue.org</a> & click on "My Account" located at the top of the page, then scroll to the right of the page & select "Create an Account"
- Once your account has been created & you've added all household members, return to homepage & click "Purchase a Membership". It is encouraged that you select "Pay at Club" on the payment page when creating the youth membership so that you do not pay for the youth membership prior to being awarded scholarship
- Please note the annual youth membership is an administrative fee not covered by the scholarship but is required to register for programs.
- Additionally, if your child has one of the following Medicaid insurance's: Molina, Amerigroup RealSolutions, Community Health Plan
  of WA, Coordinated Care, or United Healthcare Community Plan, their membership fee will be waived. Please provide a picture of their
  insurance card with your application

Name of Child		Age	Grade_	
Name of Child		Age	Grade	
Program Location (s) of interest		# of Peop	le in Household	
Please List ALL Dependent Members of Househ	old & relation (additional chi	ldren can be lis	ted here):	
Household Address	Ci	ty	State	Zip code
Household Ethnicity				
Parent/Guardian #1	Cell Phone			
Email Address				
Yearly Income (before taxes withheld)				
Parent/Guardian #2	Cell Phone			
Email Address	Employer			
Yearly Income (before taxes withheld)				
I certify that the above information is correct to the be being considered for scholarship to enable my child to provide evidence to verify the above information.				
Signature of Parent/Guardian		Date		

## **Applicant Statement**

Applicant(s) Name	Date
Has the prior year's tax information been provided YES  • If No is checked, the statement below is required	□ NO
Please provide a statement explaining why the documents cannot confidential.	ot be provided at this time. All information will remain