



OFFICE USE ONLY	
Scholarship %	_____
Staff Approval	_____
Date:	_____
Exp:	_____
_____	_____

Scholarship Application

Please provide all the following documents & note that until all required information is provided, we will be unable to process your application.

- Please complete the following scholarship application with all questions answered, kindly note that all information is confidential & any **demographic information requested is used for reporting & will not affect your application approval**
- Two Current Paystubs for both you & your spouse if applicable, or in lieu of paystubs, a **notice of benefits** or a **written statement** from you or your employer are acceptable
- The previous tax years **W-2, tax return** or **self-employment filing** for both you & your spouse, or in lieu a written statement indicating why you have not filed is acceptable

Please submit all requested information to scholarship@bgcbellevue.org or submit it to one of our locations for review.

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

- Please login to our website at www.bgcbellevue.org & 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 **\$40.00** annual youth membership is unfortunately an **administrative fee not covered by the scholarship** but is required for registration within our 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. If so, please provide a picture of their insurance card with your application

Name of Child _____ Age _____ Grade _____

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Program Location (s) of interest _____ Number of People in Household _____

Please List ALL Dependent Members of Household & relation (additional children can be listed here)

Household Address _____ City _____ State _____ Zip code _____

Member(s) Ethnicity _____

Parent/Guardian #1 _____ Cell Phone _____

Email Address _____ Employer _____

Yearly Income (before taxes withheld) _____

Parent/Guardian #2 _____ Cell Phone _____

Email Address _____ Employer _____

Yearly Income (before taxes withheld) _____

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. Kindly note that late pick-up fees are not covered by scholarship & will be the households sole financial responsibility.

I certify that the above information is correct to the best of my knowledge and is provided to the Boys & Girls Clubs of Bellevue for the purpose of being considered for scholarship to enable my child to attend the Boys & Girls Clubs of Bellevue’s programs. I understand that I am required to provide evidence to verify the above information.

Signature of Parent/Guardian _____ Date _____

Applicant Statement

Date _____

Applicant (s) Name _____

Has the prior year's tax information been provided? Yes _____ No _____

Kindly provide a statement as to why any of the following documents cannot be provided, please note that all information will remain confidential: