

Boys & Girls Club Application

Information provided is used solely in determining the applicant's eligibility for scholarship aid funds in accordance with the guidelines established by the Alumni & Friends Scholarship Committee.

DATE: _____

NAME: _____
Last First Middle

AGE: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____
Street City State Zip

E-MAIL ADDRESS: _____

HOME TELEPHONE # _____ CELL # _____

COLLEGE/UNIV. ATTENDING OR PLANNING TO ATTEND _____

CURRENT EMPLOYER: _____
Name Address Phone

MONTHLY WAGES: _____

MARITAL STATUS: _____ NUMBER OF DEPENDENTS: _____

WHO REFERRED YOU? _____

WHAT HIGH SCHOOL DID/ WILL YOU GRADUATE FROM?

HOW MANY HOURS ARE YOU PLANNING TO TAKE THIS FALL SEMESTER? _____

WHAT TYPE OF WORK DO YOU PLAN TO PURSUE WHEN YOU GRADUATE? _____

GIVE THE NAME, RELATIONSHIP AND SPECIFY IF ADULT OR CHILD OF ALL PERSONS LIVING IN YOUR RESIDENCE: _____

WHICH BOYS & GIRLS CLUB BRANCH WERE YOU A MEMBER OF? _____

WHAT YEARS (APPROXIMATELY)? _____

TELL US ABOUT YOUR BOYS & GIRLS CLUB PROGRAM PARTICIPATION INCLUDING HONORS & AWARDS

LIST EXTRACURRICULAR AND COMMUNITY SERVICE ACTIVITIES

FATHER'S NAME: _____ Address: _____

Phone: _____ Employed by: _____ Position _____

MOTHER'S NAME: _____ Address: _____

Phone: _____ Employed by: _____ Position _____

OTHER THAN EMPLOYMENT, FROM WHAT SOURCES DO YOU EXPECT TO OBTAIN FUNDS FOR COLLEGE?

Parents _____ MSU _____ Vernon _____ Pell Grant or other Grants _____

Other Resources _____

Other Scholarship Applications _____

STATE IN DETAIL THE FINANCIAL SITUATION THAT LEADS TO YOUR NEED FOR THIS SCHOLARSHIP AID: If you and your family have unusual circumstances, please explain by selecting any of the items below that pertain to your circumstances. You may use the space below to include any further details or circumstances which will be relevant.

- | | |
|--|--|
| <input type="checkbox"/> Family Member recently became | <input type="checkbox"/> Single parent family or family status |
| <input type="checkbox"/> unemployed | <input type="checkbox"/> change |
| <input type="checkbox"/> | |

TELL US ABOUT YOUR EDUCATION AND CAREER GOALS

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I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

Return completed application to:

Wichita Falls Boys & Girls Clubs Alumni Association
1318 Sixth St.
Wichita Falls, TX 76301

WITH COMPLETED APPLICATION, PLEASE SUBMIT THE FOLLOWING:

1. Current transcript
2. One letter of Recommendation-may be from employers, teachers, clergy, community leaders or longtime friends.

Deadline to submit application is June 5.