



FORT SMITH BOYS & GIRLS CLUBS
4905 NORTH "O" ST.
FORT SMITH, AR 72904
(479) 782-7093

PLEASE PRINT CLEARLY.
 MUST BE COMPLETE TO
 BE VALID.

ONE FORM PER CHILD

GENERAL SCHOLARSHIP APPLICATION

UNIT: Jeffrey-Glidewell Goldtrap Stephens Evans
 Date _____

Explanation for Request: _____

Scholarship Use: Membership Football Basketball Other
 Soccer Cheer Dance

Child's Full Name _____ Child's Age _____ Child's Date of Birth _____

Parent / Guardian Name _____ Parent / Guardian Phone _____

Address: Street _____ City / State _____ Zip _____

How many people live in the household? _____ What is annual (gross) income? _____

Does child receive free or reduced meals at school? Yes No

Circle the household size only

SCHOLARSHIP QUALIFICATION

HOUSEHOLD SIZE	ANNUAL	MONTHLY	WEEKLY
1	\$14,580	\$1,215	\$304
2	\$19,720	\$1,643	\$411
3	\$24,860	\$2,072	\$518
4	\$30,000	\$2,500	\$625
5	\$35,140	\$2,928	\$732
6	\$40,280	\$3,357	\$839
7	\$45,420	\$3,785	\$946
8	\$50,560	\$4,213	\$1,053
Each additional member add	\$5,140	+ \$ 428	+ \$ 107

By signing this form, I verify that the individual listed above is a United States citizen, and that the above information is true and accurate to the best of my knowledge. I hereby authorize the **FORT SMITH BOYS & GIRLS CLUBS** to make any investigations and inquiries of my personal, employment, & financial matters to justify this request, and that any false statement given herein may lead to consequences regarding my child's ability to attend the Club.

Parent / Guardian signature _____

Staff Initials: _____

Member Card No: _____