



**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     Goldtrap     Stephens     Evans

Date \_\_\_\_\_

Explanation for Request: \_\_\_\_\_

Scholarship Use:     Membership     Shuttle     Football     Basketball  
 Baseball     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

HOUSEHOLD SIZE	ANNUAL	MONTHLY	WEEKLY
1	\$25,520	2127	\$ 491
2	\$34,480	2873	\$ 663
3	\$43,440	3620	\$ 835
4	\$52,400	4367	\$ 1,008
5	\$61,360	5113	\$ 1,180
6	\$70,320	5860	\$ 1,352
7	\$79,280	6607	\$ 1,525
8	\$88,240	7353	\$ 1,697
Each additional member add	+ \$ 8,960	+ \$ 746	+ \$ 172

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: \_\_\_\_\_