



GIRLS CLUB OF ALACHUA COUNTY

A Place to Grow

2101 NW 39th Avenue
Gainesville, FL 32605

Main office: (352) 373-4475
Program Office: (352) 378-8664
Fax: (352) 373-5550

girlsclub@gator.net
www.girlsclubnet.org

SCHOLARSHIP APPLICATION

ELIGIBILITY/REQUIREMENTS

1. In accordance with policy #5 of the Girls Club of Alachua County, eligible members must be a resident of Alachua County to receive assistance.
2. Need will be assessed by administrative staff based upon the responses to the questionnaire below.
3. This application must be submitted at least two weeks prior to the start of a program or season along with a membership form and a registration form.
4. **An application will not be accepted without EVERY question being answered.**

SCHOLARSHIP DETAILS

1. Receipt of assistance does not necessarily entitle a member to a full scholarship.
2. The administrative staff and the economic status of the Girls Club shall determine the amount of financial aid.
3. The number of scholarships distributed will also depend on the economic status.
4. Scholarship awards are good for one season or program term only.

PLEASE PRINT

Name of Parent/Guardian: _____

What program/season (*i.e. Summer Day Camp, Track and Field*) are you applying for? _____

Have your children received aid from the Girls Club in the past? _____

If yes, when was the last time a scholarship was granted? _____

What program/season was she awarded a scholarship in? _____

Child's Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Street Address: _____

City, State Zip code: _____

Work Phone: (_____) _____ Home Phone: (_____) _____

Fax: (_____) _____ Cell Phone: (_____) _____

E-mail: _____

Number of adults living at above residence: _____

Number of children living at above residence: _____

Do any of the above residents have special needs? _____

Describe: _____

Does your child qualify for the free or reduced lunch program at school? _____

Amount of combined annual income for all adults \$ _____

Describe any federal, state, or local assistance the family is currently receiving:

In addition, please write a brief statement describing why you feel your family is in need of a scholarship for one of our programs. Be sure to include a description of any financial constraints above and beyond the eligibility requirements. Please use an additional page if necessary.

Signature: _____ Date: _____

Date reviewed by Staff: _____

Status: _____

Details of Aid: _____