



BOYS & GIRLS CLUBS
 OF KING COUNTY
 REDMOND / SAMMAMISH BRANCH

FOR OFFICE USE ONLY:

\$ or % Approved For: _____

Approved By: _____

Scholarship Application / Family Profile

Mother / Guardian's Name: _____ Daytime Phone: _____

Father / Guardian's Name: _____ Daytime Phone: _____

Home Address: _____ Evening Phone: _____

_____ E-mail Address: _____

Please list total annual income for all household members \$ _____
*(We will need a copy of the most recent income **tax return** form to verify income – **not a W-2**)*

Please indicate which (if any) of the following you currently receive:

- | | |
|---|--|
| <input type="checkbox"/> Aid to Families with Dependent Children (AFDC) | <input type="checkbox"/> Free and Reduced Meals for School |
| <input type="checkbox"/> Subsidized Housing | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Government check or social security income | |

Have you applied for child care supplemental help from:
 DSHS (Dept. of Social and Health Services)/DEL (Dept. of Early Learning)
 Child Care Resources in Bellevue

Please list the names and ages of **ALL** children in your family:

	Child's Name:	Age:
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Please list the program applied for and indicate which child is interested:

	Child's Name:	Program:
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Signature of Applicant: _____ Date: _____