

GREAT FUTURES START **HERE.**



BOYS & GIRLS CLUB
OF DOOR COUNTY

Summer Scholarship Request Form

Responsible Party Name:			
Alternate Responsible Party:			
Member Name(s):			
Address:			
Telephone:			
Email:			
SUMMER SCHOLARSHIP REQUEST FORM			
Please circle the weeks your child will be attending.			
Summer Program Weeks:	1 (6/12-6/16)	2 (6/19-6/23)	3 (6/26-6/30)
	5 (7/10-7/14)	6 (7/17-7/21)	7 (7/24-7/28)
	9 (8/7-8/11)	10 (8/14-8/18)	11 (8/21-8/25)
			Teen Program
<i>Please Circle</i>			
Total dollar amount of summer programming without scholarship: \$			
Total dollar amount of scholarship fund you are requesting: \$			
Number of Adults in Household:		Number of Children:	
Monthly gross income from all wages and salaries: \$			
Other income (public assistance, child support, social security, alimony, rent, etc.): \$			
What was your family's total gross income last year: \$			
A copy of your most recent tax return or paystub must be attached to this request for income verification.			

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Boys and Girls Club of Door County, 55 South Third Avenue, P. O. Box 579, Sturgeon Bay, WI 54235

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E.mail: abrown@bgcdoorcounty.org

