

Fee	
Scholarship requested	
Scholarship granted	



GSGBC Scholarship Application

GSGBC does not turn away any child for inability to pay. GSGBC offers scholarships to families who are unable to pay their full rate. To be considered a scholarship, complete this application and submit required documents.

Child's Name: _____ **Child's Date of Birth:** _____ **Current Grade:** _____

Parent/Legal Guardian: _____ **Phone Number:** _____

Program Type: (Circle one) Summer / Afterschool **Program Location:** (Circle one) Dutchtown / Soulard

1.

Income	
Primary Adult's Monthly Gross Paycheck	
2 nd Adult's Monthly Gross Paycheck	
Total Monthly Income	

2. How much can you afford to pay per month for after school / summer programming?
\$ _____

3. Tell us why you are applying for financial assistance to attend Gene Slay's Girls & Boys Club.

By signing below, I am requesting assistance and certify that all information provided is correct.

Parent signature when application submitted in full: _____ **Date** _____

Staff signature when applications is received in full: _____ **Date** _____