

Scholarship Assistance Application

All documents required to qualify for scholarship must be submitted to sbenson@girlsincwayne.org

Scholarship Guidelines

Scholarships are granted separately for summer & school year. Applicants must reapply. Scholarships are limited to available funds. All requests are reviewed objectively and confidentially. Certain financial documents are required as part of the application. The following factors will be reviewed when evaluating the application:

- The financial resources of the application, including any special circumstances.
- The degree to which the applicant has used his/her own resources to pay for the cost of services.
- The Degree and quantity of assistance requested from Girls Inc. in the past calendar year.

Child's Name: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Preferred Phone Number: _____

List all family members living in the household and age.

All adults living in the household that are employed must be included on the scholarship application.

Documentation, including last 2 check stubs, proof of lack of income, etc. are required.

Adult # 1 Name: _____ Adult# 2 Name: _____

Address: _____ Address: _____

Employer: _____ Employer: _____

Phone Number _____ Phone Number: _____

Have you received assistance from Girls Inc. of Wayne County previously? Yes_ No__ When? _____

Briefly describe why you are applying for assistance?

Are there any special circumstances that should be noted when reviewing the application? (Medical bills, unemployment, garnished wages, or child support? If so, how much are you paying each month.) If you receive any of the following, please list the amount you receive.

Do you receive AFDC, TANF, Disability Insurance? yes_ no __ If yes - what benefit: _____

What is your annual gross income before taxes? _____

What dollar amount do you feel you can pay:

- Per month during school year _____

- or Per week during summer _____

You must provide a copy of the following documents:

- Photo ID (all adults in the household)
- Social Security Cards for everyone in the household
- Last Year's Tax Return
- Last Two paycheck stubs from employer
- SSI allocation letter (if eligible)
- Any other documents such as: AFDC, TANF, disability insurance, medical bills, unemployment, garnishment of wages, child support.

I testify that the above information is true and correct to the best of my knowledge.

Signature _____ Date _____

Name of parent/caregiver completing this form: _____

For Internal Use Only

Approved yes ___ no ___

Parent amount to pay weekly _____

Payment Plan Set Up: _____

Amount Girls Inc. will scholarship (amount weekly or monthly): _____

Date approved/denied: _____ and reason for denial _____

Entered into spreadsheet: _____