



To: Scholarship Applicant

From: Sal Dovi, Club Director

Subject: Scholarship Applications and Required Attachments

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Dear Applicant:

Thank you for your interest in the Boys & Girls Clubs of Union County, Union Club. In order to be considered for financial assistance, attached you will find the required application that must be completed in full and returned with the following documentation.

- A written statement including reasons for wanting to join the Boys & Girls Clubs of Union County, Union Club, why you are applying for financial assistance, and/or any unusual circumstances that should be taken into consideration.
- Copy of 1040 Federal Tax Return for the most recent year-end, including W-2 forms and copies of tow most recent, consecutive pay stubs.
- Copy of any court ordered child support.
- Proof of any other income including: Unemployment Insurance Benefits; Social Security Benefits; and/or other state/federal aid.
- *Note:* If this application if for Camp, you must have been denied subsidies from Community Coordinated Child Care of Union County or Programs for Parents of Essex County. Please attach the denial letter to this application as it cannot be processed until you submit a denial letter. If you have applied for benefits and have been put on a waiting list, you must show proof of waiting list status.

The Boys & Girls Clubs of Union County's mission is to inspire and enable all young people, especially those who need us most, to realize their full potential. The Boys & Girls Clubs of Union County makes determinations annually of the funds available to help underwrite the costs of services and will seek to help as many individuals as possible with a meaningful level of assistance.

Upon submitting all requires paperwork, your application will be reviewed and you will be contacted once a determination has been made.

**GREAT FUTURES START HERE.**

Boys & Girls Clubs of Union County, Corporate Office, 1050 Jeanette Avenue, Union, NJ 07083 Phone: 908-687-7976 Fax: 908-687-0906 Email: [rtiolo@bgcuc.org](mailto:rtiolo@bgcuc.org) [bgcuc.org](http://bgcuc.org)

Boys & Girls Clubs of Union County  
Union Club

*Confidential Application for Financial Assistance*

Please provide the following information in full and attach required documents. Present to the Boys & Girls Clubs of Union County, Union Club, Summer Fun Club Director. A determination will be made in five business days of receipt.

**PLEASE PRINT**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Position \_\_\_\_\_ Years Worked \_\_\_\_\_

Spouse/Minor Children Names	Age	School/Employer	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Single Parent Household? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of child for whom financial assistance is requested? \_\_\_\_\_

Name of program or service applied for? \_\_\_\_\_

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**ITEMIZE HOUSEHOLD MONTHLY INCOME**

Gross Wages, Salary and Tips	\$ _____
Unemployment compensation	\$ _____
Social Security compensation	\$ _____
Child Support	\$ _____
AFDC/Government subsidies	\$ _____
Retirement income	\$ _____
Other	\$ _____
Other	\$ _____

TOTAL INCOME\* \$ \_\_\_\_\_

**ITEMIZE MONTHLY EXPENSE**

Rent/Mortgage	\$ _____
Utilities	\$ _____
Food	\$ _____
Car/Insurance	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____

TOTAL EXPENSE \$ \_\_\_\_\_

\*Total household income is verified annually. Proof of income must be furnished by 1) LETTER FROM A GOVERNMENT AGENCY or 2) A COPY OF THE LAST TWO PAY STUBS. The scholarship cannot be processed without the income verification.

Applications are processed in the order received. You will be notified within five business days of filing a completed application with all necessary documents. Please sign the application. By signing this application you are certifying the information supplied therein is true, accurate and complete to the best of your knowledge.

Applicant Name (PRINT): \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

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**To Be Completed by the Department Director:**

Program \_\_\_\_\_ Application Date \_\_\_\_\_ Date Received \_\_\_\_\_

Evaluation Conducted by: \_\_\_\_\_ Date \_\_\_\_\_ Amount Awarded \_\_\_\_\_

Additional Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_