



BOYS & GIRLS CLUB
OF THE WHITE RIVER VALLEY

PO Box 237, 34 Pleasant Street, Randolph, VT 05060 (802) 728-3332 www.bgcwrv.org

APPLICATION FOR FAMILY PLUS SCHOLARSHIP

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Number of children who will be attending the afterschool program: _____

Child 1

Name: _____ Age: _____

Child 2

Name: _____ Age: _____

Child 3

Name: _____ Age: _____

For any additional children, please provide information on additional page.

By signing below, I declare myself as a single parent of the child(ren) listed above and reside in the above listed town as of the date of signature.

Applicant Signature

Date

For office use only:		
Received: Date ____/____	Time: __:____	Initials: _____
Approved: ____/____	Notified: ____/____	Initials: _____