



**BOYS & GIRLS CLUB
OF TOPEKA**

550 SW 27th St Topeka, KS 66605 memberships@bgctopeka.org

SCHOLARSHIP AGREEMENT APPLICATION

The Boys & Girls Clubs of Topeka scholarship program offers assistance to families who need help accessing our services and who have demonstrated the most need for assistance. This agreement is based on your ability to complete an agreed upon payment plan. Your payment plan will be discussed with, and agreed to, by our Membership Coordinator and our Chief financial officer. Please complete the following information and our Membership Coordinator will contact you.

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

List all child(ren) full name for whom you are requesting assistance:

Please answer the EACH of the following questions. Omissions can result in the application be denied.

1. Did you receive a scholarship from BGCT in the past? YES NO
2. If yes when: _____
3. Do your children receive free or reduced lunches? YES NO
4. If yes at what level? FREE REDUCED
5. What school do your children attend? _____
6. What is your current total balance for all members? _____
7. Do you have KanCare? YES NO
8. How long has your child been with BGCT? _____
9. There are a total of _____ people in my household for which I am financially responsible including myself.
10. What is your total gross monthly income? _____

Reason you are requesting assistance:

Amount you are able to pay monthly: (must be monetary amount, **general statements will not be accepted**)

Parent/Guardian Signature: _____ Date: _____