



**BOYS & GIRLS CLUB  
OF THE GRAND STRAND**

**1404 Carver Street, Myrtle Beach, SC 29577  
843.445.9964 Voice 843.445.6345 Fax**

**FINANCIAL ASSISTANCE SCHOLARSHIP APPLICATION**

\_\_\_\_\_  
*(Names and ages of all children for whom you are requesting financial assistance)*

Parent / Guardian Name: \_\_\_\_\_  
*(Please Print)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
*(Home) (Cell) (Work)*

Check One: \_\_\_\_\_ Single Parent Household OR \_\_\_\_\_ Two Parent Household

Number of children (18 or Less) \_\_\_\_\_ & adults \_\_\_\_\_ living in Household? Total = \_\_\_\_\_

Parent / Guardian place of Employment? \_\_\_\_\_

Spouse's Place of Employment? \_\_\_\_\_

**Check each box that applies to your situation below:**

<input type="checkbox"/>	<i>My Child / Children receive(s) Free Lunch or Reduce Cost School Lunch</i>	
<input type="checkbox"/>	<i>My Family is receiving Food Stamps</i>	
<input type="checkbox"/>	<i>My Family is receiving Welfare Assistance</i>	
<input type="checkbox"/>	<i>My Family is living in Public Housing - Name of Development = _____</i>	
<input type="checkbox"/>	<i>My Family is living in Temporary Housing</i>	
<input type="checkbox"/>	<i>I have been referred by a Social Service agency to the Boys &amp; Girls Club of the Grand Strand</i>	<i>Name of Agency: _____</i>
		<i>Agency Phone: _____</i>

**\*\*\* Please attach supporting documentation for each item checked above! \*\*\***

*I have answered all questions correctly and truthfully to the best of my knowledge.*

\_\_\_\_\_  
*(Parent / Guardian Signature) (Date) (Best Phone Number)*

**FOR OFFICE USE ONLY:**

\*Approved for weekly rate of \$ \_\_\_\_\_ per child. \_\_\_\_\_  
*(Date) (Staff Signature)*

