

# APPLICATION FOR SCHOLARSHIP BENEFITS



**The BAC requires scholarship applicants to provide documentation from the School District that shows they qualify for Free or Reduced-Price School Meals. No scholarship will be given until this documentation has been turned in to the BAC Office**

All information provided on this application is private & confidential data to be shared only with those agencies that assist in funding of scholarship grants. Scholarship grants include financial assistance for registration fees only, and **DO NOT** include costs associated with fundraising, tournament expenses, and other expenses not included in registration fees.

- 1) **LIST ALL CHILDREN LIVING IN YOUR HOUSEHOLD, FROM BIRTH THROUGH HIGH SCHOOL**  
 \*FILL OUT A SEPARATE FORM FOR EACH CHILD REQUESTING A SCHOLARSHIP

1 2 3 4 5 6 7	NAMES OF ALL CHILDREN IN HOME	DOB	GRADE	SCHOOL	ASSISTANCE CASE # MFIP, FOOD STAMPS, FDPIR	CHILDS INCOME*	SCHOLARSHIP REQUEST
							YES/NO
1							
2							
3							
4							
5							
6							
7							

\* List only regular income such as SSI and regular earnings from employment. Do not include occasional earnings, babysitting, lawn mowing etc.

- 2) **LIST ALL ADULTS IN THE HOUSEHOLD AND ALL INCOME RECEIVED LAST MONTH**

1) 2) 3) 4)	NAME OF ALL ADULTS IN HOUSEHOLD *	GROSS MONTHLY WAGES AND SALARY FROM ALL JOBS (BEFORE DEDUCTIONS) **	PENSION,SSI, RETIREMENT, VETERAN PAYMENTS, SOCIAL SECURITY	UNEMPLOYMENT, WORKERS COMP, STRIKE BENEFITS	PUBLIC ASSISTANCE , CHILD SUPPORT, ALIMONY	SELF EMPLOYMENT OR OTHER MONTHLY INCOME
1)						
2)						
3)						
4)						

\* Include all related and unrelated people sharing housing or expenses, except children listed above.

\*\* For wages and salaries, show gross earning before deductions. To determine a monthly amount, multiply a weekly income by 4.3, a bi-weekly income by 2.15, or a twice per month income by 2. Divide a yearly income by 12.

- 3) **CIRCLE TOTAL HOUSEHOLD YEARLY INCOME FROM ALL SOURCES AND TOTAL HOUSEHOLD MEMBERS LISTED ABOVE TO DETERMINE SCHOLARSHIP BENEFIT.**

HOUSEHOLD MEMBERS	\$0-\$16,500	\$16,501-\$27,500	\$27,501-\$41,700	\$41,701+
1				
2				
3				
4				
5				
6				
7				
8+				
SCHOLARSHIP	100%	75%	50%	

CIVIL RIGHT SURVEY (Check appropriate line)	
WHITE	___
BLACK/AFRICAN AMER & WHITE	___
BLACK/AFRICAN AMERICAN	___
AMERICAN INDIAN/ALASKAN & BLACK	___
AMERICAN INDIAN/ALASKAN & WHITE	___
ASIAN	___
ASIAN & WHITE	___
AMERICAN INDIAN OR ALASKAN NATIVE	___
NATIVE HAWAIIAN/PACIFIC ISLANDER	___
OTHER MULTI RACIAL	___
OF HISPANIC ETHNICITY	YES NO
FEMALE HEAD OF HOUSEHOLD	YES NO

I certify that all information is true and correct. Because Federal & State funds may be paid on the basis of this information, I understand that the Burnsville Athletic Club may verify the information, and that deliberate misrepresentation may subject me to prosecution under applicable laws. Burnsville Athletic Club may require verification of all information at any time during the sport season.

SIGNATURE OF ADULT HOUSEHOLD MEMBER (REQUIRED)

SOCIAL SECURITY #