



Girls Incorporated of Carpinteria Scholarship Application 2023/2024

CONFIDENTIAL INFORMATION



Member's Name: _____ Age: _____ Grade: _____ School: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Program: ASE Summer Camp Teen Center Sports Days of attendance: M T W TH F

Name (Parent/Guardian 1): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Place of Employment: _____
Address: _____
Position/Title: _____
Work #: _____ Cell #: _____

Name (Parent/Guardian 2): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Place of Employment: _____
Address: _____
Position/Title: _____
Work #: _____ Cell #: _____

Marital Status: _____ If divorced/separated, who has custody? _____
(if joint custody, BOTH parties must complete a separate scholarship application form. Awards will not be granted until both forms are turned in.)

Number of children in household: _____ Number of adults in household: _____ Total number in family household: _____

How much of the program fees can the family afford to pay? **(Please do not leave blank)** _____

Income		
Please enter all sources of monthly income.		
	Parent/Guardian 1	Parent/Guardian 2
Salary, wages, tips (gross):	_____	_____
AFDC:	_____	_____
Workers Compensation:	_____	_____
Child Support/Alimony:	_____	_____
Social Security:	_____	_____
Other:	_____	_____
Grand Total	Other: _____	_____
\$ _____	Total: \$ _____	\$ _____

Expenses	
Please enter monthly expenses.	
Mortgage/Rent:	_____
Electricity:	_____
Gas (heat):	_____
Water:	_____
Food:	_____
**Other:	_____
**Other:	_____
Total: \$	_____

* Please describe any expenses above and beyond the **normal** living costs: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Program: _____ Prog. Fees: \$ _____ % Given: _____ % Scholarship Amount: \$ _____ Family Pays: \$ _____

Director's Approval: _____ Date: _____

Executive Director's Signature: _____ Date: _____

* Note: Only one signature is required*