



Girls Incorporated of Carpinteria Scholarship Application 2024/2025

CONFIDENTIAL INFORMATION



William & Lottie Daniel Fund

Member's Name: _____ Age: _____ Grade: _____ School: _____

Name (Parent/Guardian 1): _____

Name (Parent/Guardian 2): _____

Place of Employment: _____

Place of Employment: _____

Position/Title: _____

Position/Title: _____

Work #: _____ Cell #: _____

Work #: _____ Cell #: _____

Lives in the household

Lives in the household

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

**Household includes: related or unrelated people who share a residence. Including temporarily absent household members. Excluding foster children & live-in aides.*

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

Income		
Please enter all sources of monthly income.		
	Parent/Guardian 1	Parent/Guardian 2
Salary, wages, tips (gross):	_____	_____
Welfare Assistance:	_____	_____
Unemployment/ Disability :	_____	_____
Child Support/Alimony:	_____	_____
Social Security:	_____	_____
Interest, dividends, ect.:	_____	_____
Other recurring income:	_____	_____
Total:	\$ _____	\$ _____
Grand Total		
\$	_____	

Signature: _____

Date: _____

FOR OFFICE USE ONLY

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

Approval: _____ Date: _____

Executive Director's Signature: _____ Date: _____

* Note: Only one signature is required*

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The following items MUST be submitted to be considered:

- Fully completed, signed, and dated Scholarship Application
- Income Verification:
 - 2 months of documentation**
 - pay stubs
 - bank records showing all deposits
 - please list other income not reflected on the paystubs provided

OR

Participate in a federal government program

- 2023 Tax Return
- SBCEO's Alternative Payment Program (APP), Medi-Cal (CenCal), Section 8 Housing (HASBARCO), TANF, Medicaid, SNAP, Earned Income Tax Credit, Low-Income Housing Credit, WIC **OR** SSI

Letter of Explanation:

Signature: _____

Date: _____