



Girls Incorporated of Carpinteria  
**Scholarship Application 2025/2026**  
CONFIDENTIAL INFORMATION



William & Lottie Daniel Fund

**Child'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

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**Number of children in household:** \_\_\_\_\_ **Number of adults in household:** \_\_\_\_\_ **Total number of family in 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 program fees can your family afford to pay for 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:	_____	_____
Child Support/ Alimony:	_____	_____
Social Security:	_____	_____
Interest, Dividends, Ect.:	_____	_____
Other recurring income:	_____	_____
<b>Total:</b>	<b>\$</b> _____	<b>\$</b> _____
Grand Total		
<b>\$</b> _____		

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Program:** \_\_\_\_\_ **Prog. Fee:** \$ \_\_\_\_\_ **% 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 all other income not reflected on the paystubs provided

**OR**

**Participate in a federal government program**

☐ 2024 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: \_\_\_\_\_