

Carter Community Building Association *Youth Scholarship Application*

Child's Name _____

Grade _____ Age _____

Parent/Guardian's Name(s) _____

Home Address _____

Telephone Number (_____) _____

Parent's e-mail address: _____

Parent/Guardian's Place(s) of Employment _____

Is the child receiving Federally subsidized school lunches, food stamps, WIC, Medicaid, SNAP, TANF, SSI or other public assistance programs?

_____ Yes * Please *attach verification.*

_____ No

If "no," describe your financial need?

Please list what the scholarship will be used for: i.e. membership, program.

*** Verification may be required to process application.**

Parent/Guardian's Signature _____

Date: ___/___/___

Office Use Only

Scholarship award: \$ _____

Parent/Guardian match (20%): \$ _____ Date Received: ___/___/___

Approved by: _____ Date: ___/___/___

Funds transferred by: _____ Date: ___/___/___