BOYS & GIRLS CLUBS
OF KOOTENAI COUNTY

SCHOLARSHIP FORM 2026

Member Name: _____ Gender: ☐ Male ☐ Female Grade: ____ Age: ____
Member Name: _____ Gender: ☐ Male ☐ Female Grade: ____ Age: ____
Member Name: _____ Gender: ☐ Male ☐ Female Grade: ____ Age: ____

School(s): _____

Parent/Guardian Name(s): _____ Relationship: _____

Phone: _____ E-mail: _____

Membership Status: ☐ New Member(s) ☐ Current Member(s)

Program Location(s): ☐ Coeur D Alene ☐ Post Falls

Circumstances for requesting scholarship *(Please be specific):*

Annual household income _____

Does your child qualify for:

☐ Reduced lunch qualifies 25% off all Club services ☐ Free lunch qualifies for 50% off Club services

To be eligible for financial aid please provide a copy of one of the following documents: School District letter granting free or reduced lunch, a state insurance card with the child's name, or a state food assistance card.

Scholarships requesting greater than 50% will require approval from the Executive Director. Income verification may be requested

Parent/Guardian Signature: _____ Date: _____

* *Please type your full name above. Your typed name will serve as your official signature for this form.*

BGCKC Office Use Only

Denied Approved 25% 50% other _____ Director/Executive Director signature_____

Membership Fee Dollar Value_____ Program Fees Dollar Value_____

Details:	Date(s) Valid:	Details:	Date(s) Valid:
	Receipt #:		Receipt #: