

Scholarship Program Policy

At the Arlington Boys & Girls Club, we believe every child deserves access to high-quality programs, regardless of financial circumstances. Our **Scholarship Program** helps ensure that membership and program opportunities remain accessible to all families.

Eligibility

- Scholarships are available to families who demonstrate financial need.
- Awards are based on a sliding scale, ensuring fair and equitable distribution.
- All information provided is kept strictly confidential.

Application Process

1. Complete a Scholarship Application
Applications are available at the Club's front desk or on our website.
2. We require proof of income for all adults financially responsible for the child/children. If your financial information is not attached, we will not process your application and return it to you. Supporting Documentation may include:
 - Prior year tax return
 - Copy of a current assisted housing lease
 - Copy of a current SNAP verification letter
3. Submit the completed application to Gina Duddy at gduddy@abgclub.org.

Review & Award Notifications

- Applications are reviewed on a rolling basis.
- Families will be notified of award decisions within 7 to 10 business days.
- Scholarships may be applied toward:
 - Program fees (summer programs, after-school, vacation weeks, etc.)

Guidelines & Responsibilities

- Scholarships are awarded for a specific period (e.g., one program session or one membership year) and must be renewed annually.
- Families are responsible for any remaining balance not covered by the scholarship.
- Failure to comply with Club policies or payment plans may result in a reduction or loss of scholarship eligibility.

Funding

- Scholarship availability depends on support from donors, grants, and community partners.
- Awards may vary based on annual funding levels.

Nondiscrimination Statement

Scholarships are awarded without regard to race, color, religion, gender, national origin, disability, or any other protected status.



SCHOLARSHIP APPLICATION

Primary Parent/Guardian First Name:		
Primary Parent/Guardian Last Name:		
Street Address:	City/State:	Zip Code:
Phone Number:	Email Address:	

Household Information

Number of Adults in the Household: _____

Number of Children in the Household: _____

Please enter the combined gross annual income of your household: \$

Other Sources of Income: check all that apply below

☐ SNAP ☐ WIC ☐ Housing Assistance

☐ Child Support ☐ Other (please specify):

****Income verification is mandatory at the time of application. Please attach or provide the necessary supporting documentation.***

Member Information:

Name of Children for whom you are requesting financial assistance for that live in household full time:

Name: _____ **Age:** _____ **Relationship to you:** _____

Name: _____ **Age:** _____ **Relationship to you:** _____

Name: _____ **Age:** _____ **Relationship to you:** _____

Name: _____ **Age:** _____ **Relationship to you:** _____

I certify that this income information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the Arlington Boys & Girls Club

Client Signature

Date:

Arlington Boys & Girls Club CBDG Scholarship Application 2026

This program is supported by Community Development Block Grant (CDBG) funds from the Federal Department of Housing and Urban Development (HUD). Federal regulations require that we obtain the following information to document that assistance is being provided to households that make a low-to moderate-income. **This information is collected for statistical purposes only and is kept in strict confidence.** The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. **Income verification is MANDATORY at the time of application.** Please attach or provide the necessary supporting documentation. 12/3/25

Primary Guardian FIRST NAME: _____ Primary Guardian LAST NAME: _____

STREET ADDRESS: _____ CITY/STATE: _____ TELEPHONE: _____

Email: _____

HOUSEHOLD INFORMATION: Please answer ALL questions

Your "household" should include all persons residing within your household, regardless of whether or not they are related.

1. Total number of members in your household: _____ Name and Ages of Children in household: _____

Please enter the combined gross ANNUAL INCOME of your household: \$ _____

In the chart below, find the number of persons in your family in the left-hand column under "Household Size". Then, moving left to right, find the salary range in which your household income falls.

For example, a family of four that makes \$50,000 would put a check next to \$49,601-\$82,700.

Income Limits effective 6/1/2025

Household Size	Extremely Low (0% - 30%)	Very Low (31% - 50%)	Moderate (51% - 80%)
1	____ \$0-\$34,750	___ \$34,751-\$57,900	___ \$57,901-\$92,650
2	____ \$0-\$39,700	___ \$39,701-\$66,200	___ \$66,201-\$105,850
3	____ \$0-\$44,650	___ \$44,651-\$74,450	___ \$74,451-\$119,100
4	____ \$0-\$49,600	___ \$49,601-\$82,700	___ \$82,701-\$132,300
5	____ \$0-\$53,600	___ \$53,601-\$89,350	___ \$89,351-\$142,900
6	____ \$0-\$57,550	___ \$57,551-\$95,950	___ \$95,951-\$153,500
7	____ \$0-\$61,550	___ \$61,551-\$102,550	___ \$102,551-\$164,100
8	____ \$0-\$65,500	___ \$65,501-\$109,200	___ \$106,201-\$174,650

2. Female Head of Household? ____ Yes ____ No

3. RACE/ETHNICITY – Please complete both the "Ethnicity" and the "Race" sections below. If you indicate that four people are "Hispanic or Latino", please also select a "race" for those four people.

ETHNICITY Write in the number of household members who are:

____ Hispanic or Latino

____ Not Hispanic or Latino

RACE Write in the number of household members who are:

____ American Indian or Alaska Native

____ American Indian/Alaska Native & Black/African American

____ American Indian/Alaska Native & White

____ Asian

____ Asian/White

____ Black or African American

____ Black/African American & White

____ Native Hawaiian or Other Pacific Islander

____ White

____ Other Multi-Racial (not listed above)

4. Number of Persons in Household with a disability: _____

5. Number of Persons in Household over age 62: _____

I certify that this income information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the town of Arlington, and the United States Department of Housing and Urban Development.

Client Signature (original required)

Date