

## 2026 Scholarship Application

## **SCHOLARSHIP ASSISTANCE IS LIMITED!** SCHOLARSHIPS ARE BASED ON COMPLETE APPLICATIONS AND FAMILY NEED.

NO FULL SCHOLARSHIPS GIVEN ONLY PARTICIAL SCHOLARSHIPS.								
Date	Renewal		New Member		New Member			
Location Information								
Clubhouse, 99 Martin Luther King Drive - Summer Camp								
Child's Information								
Name:	Social Security	mation	Sex:	Male / Female	Age:			
Address:	Ethnicity:							
City:	State: TX	State: TX Zip:			Phone #:			
School:			Grade:		Birth Date:			
Mother/Guardian:					Work #:			
Father/Guardian:					Work #:			
Physician Name:					Phone #:			
Household Members and Gross Income from LAST MONTH								
Name (List EVERYONE in household) Income and how often received								
	Earnings forn before dedu		Welfare, child support, alimony		nsions, retirement, social security	0/1		
	Delote dedu	Ction	Support, aimony		Social Security	Other		
HISD Free or Reduced Price School Meals (CHECK what applies)								
Yes, my child(ren) receives REDUCED lunch through HISD.			Yes, my child(ren) receives FREE lunch through HISD.					
No, my child(ren) does <u>NOT</u> receive REDUCED lunch through HISD.			No, my child(ren) does <u>NOT</u> receive FREE lunch through HISD.					
Attachments REQUIRED to be Considered								
Copy of income (pay stub, child support, etc)								

- Letter from HISD Child Nutrition Department verifying free or reduced lunch.
- Copy of your TANF/Medicaid Status

**MORE ON BACK** 

Signature						
I certify (promise) that all information that the Club will verify the information	n on this application is true, and that and that and that and the second	all income is reported. I understand				
Sign Here:		Date:				
Social Security #:	Drivers License:					
Explain your need for scholarship.						
Scholarship Time Frame Requested (# of Weeks /# of Months /Etc.)						
Start Date:	Ending Date:					
Do not fill out this section – OFFICE USE ONLY						
Date Received:	Database Entered:	Approved By:				
Correspondence: Yes No	Date Sent:	Filed By:				
Approved Timeframe of Scholarship	Starting Date:	Ending Date:				