



# Scholarship Application

Return by Scholarship Deadline:  
**FEBRUARY 1, 2010**

*Scholarship Policy Statement - PLEASE READ CAREFULLY!*

**It is the goal of Girls on the Run of Silicon Valley to make our program accessible to all girls who wish to participate, regardless of their financial status. Families who are unable to pay the program registration fees may be awarded financial assistance based on their income. Scholarships are limited, granted on a first come, first serve basis, and may be limited by the resources available at the time of application.**

**APPLICATION PROCESS:**

- Complete this Scholarship Application and return with the GOTR program registration form along with copies at least on of the following:
  - Most recent Federal income tax return with W2's attached.
  - Last two (most recent) pay check stubs, unemployment check stubs or disability check stubs.
- Documentation of extenuating circumstances to be considered (for example: medical treatment, education costs, unemployment, etc.)
- Return your information to Girls on the Run of Silicon Valley at:

**Girls on the Run of Silicon Valley • PO Box 510 • Los Gatos, CA 95031**

4. Your application will be processed within 10 working days. At that time, you will receive notification regarding your scholarship status. If you are granted a scholarship, determined amount must be paid within 7 days to secure your daughter's spot in the program.

**PLEASE NOTE: Scholarship Information will be kept confidential.**

**GENERAL INFORMATION:**

Girl's Name: \_\_\_\_\_ Program Location: \_\_\_\_\_ Dates /Times: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City/State/Zip

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Marital Status:  Single  Married  Separated/Divorced

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

**INCOME INFORMATION:**

1. What is the number of all dependents, living in your household, which you claim on your federal tax return: \_\_\_\_\_

2. Total monthly income for your household? \_\_\_\_\_ Total yearly income for your household? \_\_\_\_\_

*\*Please give total of all income including annual wages/salary/unemployment/disability, child support, AFDC, food stamps, etc.*

3. Please describe any **Special Circumstances** that your family is experiencing which contribute to your request for financial assistance:

4. Girls on the Run of Silicon Valley believes a strong sense of pride and ownership is developed when the financial assistance recipient has contributed to the cost of their involvement. Therefore, applicants will be asked to pay a portion of the program fees. All program fees are kept confidential, as they are specific to individual and family circumstances, and are reviewed each session of Girls on the Run. **What is the amount you are able to pay for the program? Please circle amount: \$25 \$50 \$75 \$100 \$125 \$150 \$175 \$200**

Girls on the Run of Silicon Valley is fortunate to have donors who support our scholarship fund. We feel it is important for you to understand the significance of being awarded a scholarship and that you respect this honor. Failure to do so will result in elimination from future GOTR programs. **Please read the following and sign if you agree to abide by these scholarship guidelines:**

**If awarded the scholarship, do you agree to fully participate in all the scheduled GOTR activities?**

Signature of Girl: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

**Please read the following and sign to acknowledge below:**

I hereby certify that the information given above is true, accurate, and complete to the best of my knowledge. I am aware that if any information that I have provided in this application is inaccurate, financial assistance for my child to participate in Girls on the Run may be revoked. I further pledge to provide the support needed so that my child can participate to the fullest extent possible in the program, including attending the end-of-season GOTR fun run event and I understand that if my child does not participate fully in the program, future financial assistance may not be granted.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY: DATE RECEIVED: \_\_\_\_\_ DATE CONTACTED: \_\_\_\_\_ BY PHONE: \_\_\_\_\_ MAIL: \_\_\_\_\_ E-MAIL \_\_\_\_\_**  
**AMOUNT GRANTED: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_**