



BOYS & GIRLS CLUB
OF GREATER WATERBURY

Bret Colucci Memorial Scholarship
Application – Camp 2020

Date: _____

Child's Name: _____

Date of Birth: _____ Gender: Male ___ Female ___

Address: _____

Home Phone: _____

Mother's Name: _____

Address (if different): _____

Father's Name: _____

Address (if different): _____

Email (parent/guardian): _____

With whom does member reside: ___ Mother ___ Father ___ Other

How many people reside in the household: _____ Adults _____ Children

Current School: _____

If you receive food stamps (SNAP) benefits, provide your 9-digit SNAP ID#: _____

If you do not receive SNAP benefits, state gross family income (before deductions):

\$ _____

Other Income (child support, disability, unemployment, DCF):

\$ _____ (circle) weekly/biweekly/monthly/yearly

___ Approved to Scholarship

___ Camp Application Received

Week of Camp to Attend: _____

Year of award: _____

Application must be included in camper's file as proof of award

Income Guidelines Based on FY 2020 Federal Poverty Level

Family Size	Gross Annual Income May Not Exceed
1	23,606
2	31,894
3	40,182
4	48,470
5	56,758
6	65,046
7	73,334
8	81,622
9	89,910
10	98,198

Add \$4,480 for each additional