



Educating and preparing girls for a lifetime of self-respect and healthy living

Scholarship Policy Statement
PLEASE READ CAREFULLY!

It is the policy of Girls on the Run of McHenry County to offer our program to all girls who desire to participate in our program, 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.

ELIGIBILITY

1. Applicants must register to participate in a Girls on the Run program being offered at a local park, school, health clubs, YMCA, YWCA and/or church;
2. **Assistance will be awarded on the basis of financial need.** All applications will be kept confidential as they are specific to individual and family circumstances. The following sliding scale will be used

Family Income	Fee
Less than \$10,000	\$15
\$10,001 - 25,000	\$40
\$25,001 - 49,999	\$75
Greater than \$50,000	\$130

If needed (due to special circumstances and financial hardships) Full scholarships are available by application to Girls on the Run

3. Applicants must apply for a scholarship for every time they participate in the Girls on the Run program.

APPLICATION PROCESS

1. Documentation of extenuating circumstances to be considered (for example: medical treatment, education costs, unemployment, etc.)
2. Return your information to Girls on the Run of McHenry County at:

Girls on the Run of McHenry County
Attn: Scholarships
3 W Crystal Lake Ave, Suite 102
Crystal Lake, IL 60014

3. Your application will be processed within 10 working days. At that time, you will receive notification regarding your scholarship status.

Scholarship Application

GENERAL INFORMATION:

Girl's Name: _____

Program Location: _____

Parent's Name: _____

Mailing Address: _____

City/State/Zip: _____ Home Phone: _____

Employer: _____

Employer's Address: _____

Street

City/State/Zip

E-mail Address: _____

Marital Status: _____ Single _____ Married _____ Separated/Divorced _____ Widowed

Spouse's Name: _____

Spouse's Employer: _____

Employer's Address: _____

Street

City/State/Zip

Why do you want to participate in this program? (*This question should be answered by the young girl who wants to be in Girls on the Run!*)

INCOME INFORMATION:

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

Combining ALL salary and wages and including ALL sources of income:

2. What is your total yearly income for your household? _____
3. List and document any special circumstances that contribute to your request for financial assistance.

4. Girls on the Run of McHenry County believes a strong sense of pride and ownership is developed if 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 and/or willing to pay for the program?** _____

5. Girls on the Run of McHenry County is fortunate to have donors who support our scholarship fund. Therefore, 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 and you will be invoiced the program fee. **Please read the following and sign if you agree to abide by these scholarship guidelines:**

If awarded this scholarship, do you agree to complete the entire GOTR session and participate in the designated GOTR race? I am aware that if I fail to do so, I will be responsible for full payment of the program and will no longer be able to participate in Girls on the Run.

Signature of Girl: _____

Signature of Parent/Guardian: _____

Parent/Guardian: By signing this document, I certify that the information contained in this application is accurate and truthful:

Signature: _____

Date: _____

FOR OFFICE USE ONLY: DATE RECEIVED: _____ AMOUNT PAID: _____
DATE CONTACTED: _____ BY _____ MAIL: _____ E-MAIL: _____ PHONE: _____