



Scholarship Policy Statement
PLEASE READ CAREFULLY!

It is the policy of Girls on the Run of Charlotte to offer our program to all girls who desire to participate in the program, regardless of their family's financial status. Families who are unable to pay the program registration fees may be awarded financial assistance based on their income. Scholarships are 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 first register for Girls on the Run program by filling out either a paper registration form or completing the online registration at www.gotrcharlotte.org.
2. Assistance will be awarded on the basis of financial need and are specific to individual and family circumstances. All applications will be kept confidential.
3. Applicants must apply for a scholarship for each season they participate in the Girls on the Run program.
4. Scholarship applications are due two weeks after registration has been submitted.

APPLICATION PROCESS

1. Complete the attached application.
3. Return this application to **Girls on the Run of Charlotte 120 Cottage Place, Charlotte, NC 28207.**
4. Your application will be processed within 10 working days. At that time, you will receive notification regarding your scholarship status.

GENERAL INFORMATION:

Daughter's Name: _____ Program Location: _____

Has your ever daughter participated in Girls on the Run? _____

If yes, please list the season, spring or fall, and the years. _____

Have you ever received financial assistance from Girls on the Run? _____

If yes, please list the season, spring or fall, and the years. _____

Parent/Guardian Name: _____ Email: _____

Mailing Address: _____ Cell Phone: _____

City/State/Zip: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Employer's Address: _____ City/State/Zip _____

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

Spouse's Name: _____

Spouse's Employer: _____ Work Phone: _____

Employer's Address: _____ City/State/Zip _____

Income Information:

What is your total monthly income: _____ What is your total monthly Expenses: _____

How many people live at the address above: _____

Do you qualify for free or reduced lunch at your school? € YES, please indicate which one: € Reduced or € Free

€ NO

