Scholarship Policy Statement
PLEASE READ CAREFULLY!

It is the policy of Girls on the Run of Central Maryland 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 granted on a first come, first served 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 public school, private school or YMCA
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;
3. Applicants must apply for a scholarship every time they participate in the Girls on the Run program.

APPLICATION PROCESS
1. Register on line at Raceplanner.com
2. Complete the attached application and provide the following documentation:
   ❖ Copy of tax return (for example: 1040, 1040A, 1040EZ)
   ❖ One other form of documentation of income: Three consecutive pay stubs for each wage earner; Social Security SSI Green/Gold Checks; or Unemployment Payments
   ❖ Current copy of class schedule, if you are either a part-time or full-time student
   NOTE: If you are married, documentation must be submitted for both spouses!
3. Documentation of extenuating circumstances to be considered (for example: medical treatment, education costs, unemployment, etc.)
4. Return your information to Girls on the Run of Central Maryland:
   Girls on the Run of Central Maryland
   Attn: Susan Michel
   9150 Rumsey Rd. Suite A7
   Columbia, MD 21045

5. Your application will be processed within 7 working days. At that time, you will receive notification regarding your scholarship status.

FOR OFFICE USE ONLY:
Girls on the Run of Central Maryland Scholarship Application

GENERAL INFORMATION:

Girl’s Name: _______________________________________________________

Girl’s Birthdate: ___________________ Girl’s Grade: ___________________

Program Location: ___________________________________________________

Parent’s Name: _____________________________________________________

E-mail Address: _____________________________________________________

Street: ________________________________________________________________________________

City/State/Zip: ___________________________ Home Phone: _________________________

Employer: _______________________________________________________________________________

Employer’s Address: ______________________________________________________________________

_____________________________________________________________________________________

Street City/State/Zip

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 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 monthly income for your household? ________________

3. What is your total yearly income for your household? ________________

4. List and document any special circumstances that contribute to your request for financial assistance. Include additional pages if necessary.

5. Girls on the Run of Central Maryland 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, $10 minimum.

6. Girls on the Run of Central Maryland 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.

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

Signature: ____________________________ Date: _____________

Please read and sign the following scholarship guidelines.

If awarded the scholarship, I agree to fully participate in all the scheduled GOTR activities.

Signature of Girl: ____________________________

Signature of Parent/Guardian: ____________________________

If awarded this scholarship, I agree to complete the entire GOTR session and participate in the designated GOTR race.

Signature of Girl: ____________________________

Signature of Parent/Guardian: ____________________________