

2025-2026 School Year Drop-In Transportation Financial Aid Application



All scholarship applications must be returned to the Club by July 23, 2025. Please email your complete form to vanessa@billericabgc.com. Scholarship decisions will be made and shared with families via email no later than July 30, 2025. Billing for transportation will take place on August 11, 2025 after you have accepted your aid package.

Answer the following questions as thoroughly as possible. A complete application will support the Club in making aid available to your family. All information is used to help the Club better understand your situation and is not shared outside of this decision.

Caregiver Information

Applicant Name: _____

Email: _____ Phone Number: _____

Drop-in Member Information

List only the member(s) that will be participating in transportation this school year.

Member Name: _____ Member Grade: ☐ 5 ☐ 6 ☐ 7

Member School: ☐ Locke Middle School ☐ Marshall Middle School

How many days per week will this child require transportation? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Member Name: _____ Member Grade: ☐ 5 ☐ 6 ☐ 7

Member School: ☐ Locke Middle School ☐ Marshall Middle School

How many days per week will this child require transportation? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Member Name: _____ Member Grade: ☐ 5 ☐ 6 ☐ 7

Member School: ☐ Locke Middle School ☐ Marshall Middle School

How many days per week will this child require transportation? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Income Information

How many **total people** live in your household? _____

How many **adults** live in your household? _____ How many **children** live in your household? _____

Guardian 1 Name:	Guardian 1 Name:
Home Address:	Home Address:
Home Phone Number:	Home Phone Number:
Employer:	Employer:
Employer Address:	Employer Address:
Employer Phone Number:	Employer Phone Number:
Number of hours worked per week:	Number of hours worked per week:
Number of days worked per week:	Number of days worked per week:
Weekly Income:	Weekly Income:

Please list any other monthly income you receive, such as child support, alimony, or other benefits?

Do you qualify or receive any other benefits? Please list them.

Please share your need for financial aid. Explain any extenuating circumstances or hardships that affect your ability to pay for transportation and how receiving a scholarship would benefit your family.

Agreement: I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that submission of this application does not guarantee a scholarship, and scholarships are awarded based on the provided information and availability.

Applicant Signature: _____ Date: _____