



STUDENT TO COMPLETE

Staff Use Only

Date Received: \_\_\_\_\_  
Initials: \_\_\_\_\_

EMMA NYLEN SCHOLARSHIP PROGRAM  
2026/2027 Scholarship Application Form

**Instructions:**

- 1.) Please print clearly in black or blue ink.
- 2.) This application must be ***filled out completely or it will not be accepted.*** Please give us a call for any questions regarding the application (805) 641-5585.

**Student's Name:**

LAST \_\_\_\_\_ FIRST \_\_\_\_\_

MIDDLE \_\_\_\_\_

INITIAL \_\_\_\_\_

Home

Phone: (\_\_\_\_) \_\_\_\_\_

Mobile

Phone: (\_\_\_\_) \_\_\_\_\_

**Address:**

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Email Address:** \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Employed?**  Yes  No

**Employer:** \_\_\_\_\_

**Type of Employment** \_\_\_\_\_

**Monthly Earnings** \_\_\_\_\_

**Address:**

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Hours Worked:** \_\_\_\_\_

**Employer Phone:** (\_\_\_\_) \_\_\_\_\_

**Marital Status**  Single  Divorced  Separated  
 Married  Widowed

If married, is your spouse employed?  Yes  No

**Number of Dependents?** \_\_\_\_\_

**Ages?** \_\_\_\_\_

**Are you receiving financial aid for dependents?**

Yes  No

**If so, how much per month?** \$ \_\_\_\_\_

**Are you, or have you been a Ventura County Resident?**

Yes  No

**If yes, please state which city:** \_\_\_\_\_

**Are you, or have you been a BGCV Employee or Club Member?**

(Employee)  Yes  No  
(Member)  Yes  No

**If yes, please state which Club:** \_\_\_\_\_

**EDUCATION****STUDENT TO COMPLETE**

Current G.P.A. \_\_\_\_\_

HIGH SCHOOL	LOCATION – CITY/STATE	YEARS ATTENDED	Year Graduated
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College Attended?  Yes  No (Include trade/night/business schools)

College	Location – City/State	# of years attended	Major	Year Graduated

Are you presently enrolled in school?  Yes  No

If you have not been accepted into a school already, when do you expect to receive acceptance?

Please specify \_\_\_\_\_

Are you the recipient of any scholastic honors?  Yes  No

Please specify \_\_\_\_\_

**List school(s) you plan to attend in order of preference:**

Name of School	City/State	Accepted	Major

**Check the type of financial aid you have APPLIED for, for the school(s) you plan to attend:****(Note: we understand these funds can still be pending acceptance please list all to your best estimation)** Loan: National Defense Student Loan; Nursing Student Loan; Guaranteed Student Loan (specify amount) \_\_\_\_\_ Grants: Educational Opportunity Grant, Student Nursing Grant, Pell Grant (specify amount) \_\_\_\_\_ Part-time Employment, Work-study, work grant (specify amount) \_\_\_\_\_ Tuition Waiver (specify amount) \_\_\_\_\_ Other scholarship financial aid (specify amount) \_\_\_\_\_

Total amount of financial aid applied for: \$ \_\_\_\_\_

**Will you receive financial aid from any of the following sources?** Vocational Rehabilitation Veteran's  Benefits Social  Security Other  (specify \_\_\_\_\_)

**STUDENT ESTIMATED INCOME & EXPENSES**

Estimated Income and Expenses for 2026-2027 school year.

Must be Filled in Completely.

**INCOME****EXPENSES** Per quarter semester or  Year (check one)Savings \$ \_\_\_\_\_  
Parent's Contribution towards School \$ \_\_\_\_\_Tuition \$ \_\_\_\_\_  
Room & Board \$ \_\_\_\_\_

Summer Earnings \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Part-time Earnings \$ \_\_\_\_\_

Books &amp; Supplies \$ \_\_\_\_\_

Scholarships, loans &amp; grants received to date \$ \_\_\_\_\_

Other needs \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

\$ \_\_\_\_\_

Total Income \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

**Total Amount Needed** \$ \_\_\_\_\_If you cannot meet your entire financial need, do you still plan to go to school?  Yes  No

If so, how? \_\_\_\_\_

While at school, will you be maintaining your own residence?  Yes  No

Dated: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

**Please attach the following:**

- Certified, unopened transcript of your last two years of education (Electronic, photocopies, print outs or opened transcripts will not be accepted).
- One letter of recommendation from one of the following:
  1. Professional Recommendation
  2. Academic Recommendation
  3. Community Volunteer Recommendation
- Personal Essay Statement, no more than one page in length, answering all of the following questions:
  1. What are your career goals?
  2. How do your personal values relate to your career goals?
  3. What are your motivations in continuing your education?

Please **mail** your completed application with attachments to:

**Boys & Girls Club of Greater Ventura**  
**Emma Nylen Scholarship Program**  
**1280 S. Victoria Ave Suite 240**  
**Ventura, CA 93003**

**Will your parent(s) be sponsoring you during your education?  Yes  No**

If no, please indicate briefly why? If left blank application will be incomplete

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If yes, please have your parent(s) fill out the following page.

**PARENTS' CONFIDENTIAL STATEMENT (To be filled out if Applicant is Being Sponsored by Parents)**

**Parent Names:** \_\_\_\_\_

**Address(es):** \_\_\_\_\_ Tel: (\_\_\_\_) -  
 STREET CITY STATE ZIP

STREET CITY STATE ZIP Tel: (\_\_\_\_) -

**Employer(s):**

NAME \_\_\_\_\_ Employer \_\_\_\_\_ ADDRESS \_\_\_\_\_ Tel: (\_\_\_\_)

NAME \_\_\_\_\_ Employer \_\_\_\_\_ ADDRESS \_\_\_\_\_ Tel: (\_\_\_\_)

**Monthly Earnings** \$ \_\_\_\_\_ ; \$ \_\_\_\_\_ Length Of Employment 1) \_\_\_\_\_ 2) \_\_\_\_\_

**Other sources of monthly income (list any amounts):**

Social Security \$ \_\_\_\_\_ Aid to Dep. Children \$ \_\_\_\_\_

Veterans' Benefits \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ (Specify) \_\_\_\_\_

**Dependent children supported:**

NAME	AGE	SCHOOL

**Family monthly expenses:**

Rent/Mortgage \$ \_\_\_\_\_ Miscellaneous: \$ \_\_\_\_\_ (bills, food, etc.)

Medical/Dental \$ \_\_\_\_\_ Car payments \$ \_\_\_\_\_

Other  
\$ \_\_\_\_\_ (Specify) \_\_\_\_\_ **Total Monthly Expenses: \$** \_\_\_\_\_

**I/We affirm that the foregoing information is true and complete to the best of my/our knowledge:**

**DATED:** \_\_\_\_\_ SIGNATURE OF PARENT

**DATED:** \_\_\_\_\_ SIGNATURE OF PARENT