



STUDENT TO COMPLETE

Staff Use Only

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

EMMA NYLEN SCHOLARSHIP PROGRAM  
2025/2026 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. \_\_\_\_\_

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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 applied)**☐ 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 2025-2026 school year.**Must be Filled in Completely.****INCOME****EXPENSES**☐ Per quarter semester or ☐ Year (check one)

Savings \$ \_\_\_\_\_  
 Parent's Contribution towards School \$ \_\_\_\_\_

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

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

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

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

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

Tuition \$ \_\_\_\_\_

Room & Board \$ \_\_\_\_\_

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

Books & Supplies \$ \_\_\_\_\_

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

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

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

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

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

**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 Nylén Scholarship Program  
 1280 S. Victoria Ave Suite 240  
 Ventura, CA 93003**



**PARENTS TO COMPLETE**

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

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

If **no**, you do not need to fill this page out, but please include it with your application.

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

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

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

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

**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