



Dear Emma Nysten Scholarship Applicant,  
Enclosed, you will find the following:

- 1) **Eligibility Requirements;** and
- 2) **Emma Nysten Scholarship Program Application**

Approximately 20-50 scholarships are provided through the Boys & Girls Club of Greater Ventura Emma Nysten Trust Fund every year. Amounts awarded may vary from as little as \$100.00-\$1,000.00. **In order to be considered, you must have a GPA of at least 2.0 or higher, and either currently be or have been in the past, a resident of Ventura County.**

**The Application is due by Mail: Friday, April 30, 2021**

The scholarship applications must be *mailed* to:

Boys & Girls Club of Greater Ventura  
Emma Nysten Scholarship Program  
6020 Nicolle Street, Suite D  
Ventura, CA 93003

**\*\*In order for your scholarship application to be considered, it must be hand delivered by 3:00 pm or *Postmarked* no later than Friday, April 30, 2021.**

In addition, you must submit the following with your application:

- **Certified, unopened transcript of your last two years of education (photocopies, computer print outs, or opened transcripts will not be accepted). Please note, this may require both a high school and college transcript to meet the two year requirement.**
- **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?**

**\*\*When applying for the Emma Nysten Scholarship please read this packet in its entirety and plan accordingly. Any application received without the required materials, will not be considered-*No Exceptions*.\*\*\***

We wish you the best of luck. Any inquiries should be directed to our Corporate Office at (805) 641-5585 or by email to [denisec@bgclubventura.org](mailto:denisec@bgclubventura.org).

Sincerely,

Denise Claudio  
Scholarship Coordinator

6020 Nicolle Street, Suite D, Ventura, CA 93003



## **EMMA NYLEN TRUST SCHOLARSHIP PROGRAM**

### **Eligibility Requirements**

#### **INTRODUCTION**

The Boys & Girls Club of Greater Ventura has had the honor of being chosen by the late Emma Nylén to be the distributor of the funds in the Emma Nylén Charitable Trust. The purpose of the Charitable Trust, in the words of the Trust, is:

“...to aid motivated and needy students, at any level of higher education or training, who find it difficult to defray the expenses of attending a school of higher-education or a school of technical or trade training, were it not for some outside means of financial assistance.”

The Boys & Girls Club of Greater Ventura is charged with identifying and assisting these students and individuals. It is the hope of the Board of Directors of the Boys & Girls Club of Greater Ventura that the funds being distributed from this charitable trust will serve to aid those who would otherwise not receive assistance. It is also the hope that the funds will go towards an education, which is helping one achieve a higher education to be used in a field, which will benefit children in some way.

#### **ELIGIBILITY**

The Charitable Trust is prohibited, and **will not discriminate with regards to sex, age, race, national origin, religion, residence, or political affiliation**. It was the preference of Mrs. Nylén, though not a requirement, that the recipients be young men or women who have completed high school and are under the age of thirty (30) years.

It is also **preferred that the recipients have been residents of Ventura County at one time**.

The Boys & Girls Club of Greater Ventura has established a Scholarship Committee to review applications and identify those eligible individuals. Final decisions will be made by the Board of Directors of the Boys & Girls Club of Greater Ventura.

#### **PROGRAMS**

The programs available under the Charitable Trust may be as varied as the needs of the individuals. It is the purpose of the programs to assist young people in furthering their academic and vocational education in order to develop their potential abilities. General categories of programs are as follows:

1. **Occupational training in a trade or technical programs (vocational arts)**. This program will assist eligible individuals through grants, in whole or in part, for tuition, books, supplies, and housing to a vocational training college or school

preparing the applicant for a specific occupation. The recipient must maintain satisfactory grades and attendance, and complete the program within the normal time period.

2. **Higher education or training for attendance at junior colleges or four year colleges.** This program provides funds toward tuition, books, supplies, or housing. The recipient must identify a course of study. This recipient must maintain at least a “C” grade point average and make towards degree. Any grades received below a “C” may subject the recipient to disqualification, at the Board of Directors’ discretion. This program may provide funds renewable annually.
3. **Internships for recreation or childcare/development majors already in an institution of higher learning.** Individuals who are in such a program may be provided funds for tuition, books, supplies, or housing during the school year. These individuals shall, as a requirement of receipt of funds under this program, commit to working as an intern during the summer months with an organization of their choice, preferably in Ventura County, which has its purpose as social services for children and young adults of the community.

The amount of funds available under each of the above programs is in the discretion of the Board of Directors of the Boys & Girls Club of Greater Ventura. It will be the policy to, wherever possible, pay funds directly to the provider of services rather than the recipient under the above programs.

Funding under the programs may be for all or a portion of any one particular expense or group of expenses. This determination will be made by the Board of Directors based upon the total circumstances before the Board, including, but not limited to, need of child, financial circumstances of family or child, total cost of program, completed time for program, funds available from Trust, and number of other respective recipients. A copy of the application is provided.

**Scholarship Committee of the  
Boys & Girls Club of Greater Ventura**  
6020 Nicolle Street, Suite D  
Ventura, CA 93003  
(805) 641-5585



**BOYS & GIRLS CLUB  
OF GREATER VENTURA**

**STUDENT TO COMPLETE**

Staff Use Only

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

**Return completed application to:**

Boys & Girls Club of Greater Ventura  
Emma Nylen Scholarship Program  
6020 Nicolle Street, Suite D  
Ventura, CA 93003  
(805) 641-5585

**EMMA NYLEN SCHOLARSHIP PROGRAM  
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?  Yes  No (Employee)  Yes  No (Member)  
 If yes, please state which Club: \_\_\_\_\_

**EDUCATION**

**STUDENT TO COMPLETE**

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

Year Graduated \_\_\_\_\_

**HIGH SCHOOL**

**LOCATION – CITY/STATE**

**YEARS ATTENDED**

**College Attended?**  Yes  No (Include trade/night/business schools)

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

Are you presently enrolled in school?  Yes  No

If you have not been accepted into a school already, when do 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:**

<b>Name of School</b>	<b>City/State</b>	<b>Accepted</b>	<b>Major</b>

**Check the type of financial aid you have applied for, for the school(s) you plan to attend:**

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**

Income and Expenses for the School Year Applied for 2021-2022.

**Must be Filled in Completely.**

<b>INCOME</b>	<b>EXPENSES</b>
Per <input type="checkbox"/> quarter <input type="checkbox"/> semester <input type="checkbox"/> year (check one)	
<p><b>Savings</b> \$ _____</p> <p><b>Parent's Contribution towards School</b> \$ _____</p> <p><b>Summer Earnings</b> \$ _____</p> <p><b>Part-time Earnings</b> \$ _____</p> <p><b>Scholarships, loans &amp; grants received to date</b> \$ _____</p> <p><b>Other Income</b> \$ _____</p> <p><b>Total Income</b> \$ _____</p>	<p><b>Tuition</b> \$ _____</p> <p><b>Room &amp; Board</b> \$ _____</p> <p><b>Transportation</b> \$ _____</p> <p><b>Books &amp; Supplies</b> \$ _____</p> <p><b>Other needs</b> \$ _____</p> <p>_____ \$ _____</p> <p><b>Total Expenses</b> \$ _____</p>
<b>Total Amount Needed</b> \$ _____	

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

**Boys & Girls Club of Greater Ventura  
Emma Nysten Scholarship Program  
6020 Nicolle Street, Suite D  
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):**

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

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

**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