



Beaver Brook Summer Youth Program Scholarship Form

Please fill out the following information completely. All information will be kept confidential. Return to BBA Attn: Education Dept. 117 Ridge Road Hollis NH 03049 or via email cpbarr@bbanature.org

Name of child/student _____ M/F _____
Address _____
City/State _____ Zip _____
School _____ Grade _____ Date of Birth _____

Parent (s) /Guardian _____

Home Phone# _____

1. Cell or business Phone # _____ Father (male guardian) _____

2. Cell or Business Phone# _____ Mother(female guardian) _____

Email address: _____

Does child/student live with:

Mother only Father only Mother and Father Foster Parent
 Guardian Grandparents Adoptive Parents Relative
 Other No. of members in family living at home _____

Does Family Receive:

Free School Lunch Gov't. Housing Section 8 AFDC/Welfare Food stamps
 Member of SVBGC Resiliency Program

Please submit a piece of documentation for above assistance (which ever apply).

Income Survey:

Optional. Please check one. This information is kept in confidentiality.

0 – \$10,000 \$10,000 – 20,000 \$20,000 – 30,000 \$30,000 - 40,000 \$40,000 – 50,000
 \$50,000 – More

Please use the space below to add anything else that you may feel important for us to know.

I understand that scholarship requests are on a first come first served basis and this form will be reviewed in a timely manner. I attest that all information that I have submitted on this request is truthful.

Signature: _____ Date: _____