



Beaver Brook Youth Program Scholarship Form

Please fill out the following information completely. All information will be kept confidential return to Becky Kellner Program Director: bkellner@bbanature.org

Name of child/student _____ M/F _____ Age: _____

Street Address _____

City/State _____ Zip _____

School _____ Grade _____ Date of Birth _____

Parent(s) /Guardian _____

Home Phone # _____

Email address: _____

Parent or Guardian Cell Phone # _____

Student lives with:

Mother only Father only Mother and Father Foster Parent

Guardian Grandparents Adoptive Parents Relative

Other

Number of members in family living at home _____

Does Family Receive:

Please attach documentation for the assistance received (which ever apply).

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).

Other: Please Explain:

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

Type of scholarship interested in receiving:

Full Scholarship

Partial Scholarship: indicate how much assistance is needed (% or \$) _____

Please use the space below to share with us how your child would benefit from receiving a scholarship from Beaver Brook: