

**THE BUDDY PROGRAM
LITTLE BUDDY SCHOLARSHIP APPLICATION FORM**

Applicant Information

Name: _____ Date: _____

Parent's names: _____

Mailing address: _____

Home phone: _____ Work phone: _____

Program Information

Program Little Buddy is applying for: _____

Name of the organization offering this program: _____

Address of the organization: _____

Description of program that child is applying for:

Dates of program: _____ Cost of program: _____

Amount that the family can contribute: _____

Amount requested from the Buddy Program: _____

Income

Father's employer: _____ Gross monthly pay: _____

Mother's employer: _____ Gross monthly pay: _____

Number in household supported by this income: _____

Monthly mortgage/rent payment: _____

IMPORTANT INFORMATION:

****ON A SEPARATE SHEET PLEASE HAVE THE LITTLE BUDDY WRITE WHY HE/SHE WANTS TO PARTICIPATE IN THE REQUESTED PROGRAM. PARENTS MAY ALSO PROVIDE INPUT****

For Office Use Only:

Amount the Buddy Program can contribute: _____