

**THE BUDDY PROGRAM  
EMPOWERMENT 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: \_\_\_\_\_

Dates of program: \_\_\_\_\_ Cost of program: \_\_\_\_\_

Amount that the family can contribute: \_\_\_\_\_ Amount requested from the Buddy Program: \_\_\_\_\_

Please select one method of funds distribution:

1. I have attached a receipt. Please mail check to me YES NO
2. Please mail check to the organization: (we will not be able to send checks without the address)

Name of Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**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: Letter Required**

**\*\*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: \_\_\_\_\_