



**2022 Best Buddies Living
SCHOLARSHIP APPLICATION FORM**

To establish eligibility for a reduced rental/programmatic rate

www.bestbuddies.org/living

e-mail completed form to: hollygoshin@bestbuddies.org

1. *Name:

a. First name*-- Middle name(s) -- Last name*:

b. If it is different than your formal name, what do you prefer to be called?

2. *Have you applied for a Best Buddies Living Scholarship before?

___ Yes (Date: _____) or ___ No.

How much per month are you requesting in program reduction?

4. *Home address:

*Address: _____

*City: _____ *State: _____ *ZIP: _____

5. *Primary telephone: (_____) _____

6. Secondary telephone: (_____) _____

7. E-mail: _____

8. *Date of Birth (MM/DD/YYYY): ____/____/____

9. *Are you currently employed?

*Name of Employer:

*City: _____ *State: _____ *ZIP: _____

Phone number: (_____) _____

10. *What is your annual income/salary? _____

11. * Will anyone else be contributing to you rent/program cost? If so, please explain who and what portion of the expense.

12. * Essay:

What does the scholarship committee need to know about you that will help us determine eligibility? 250 words or less.

13. *Certification Statement:

By signing my name below, I confirm that all of the information provided above is true and correct to the best of my knowledge.

Signature: _____ Date: _____