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:__________________