



**BBYO
Lonestar Region**

Scholarship/Payment Plan APPLICATION

Applying for: Scholarship

Payment Plan

(Circle one)

MIT/AIT

REGIONAL CONVENTION

REGIONAL KALLAH

The information on this form will be kept strictly confidential. Applicants must submit this form each time a scholarship/payment plan is requested. There will be no 100% scholarships awarded. Applicant must keep membership paid and current.

PART 1: (please print legibly)

Name _____ DOB ____/____/____

Address _____

City _____ State _____ Zip _____ Phone _____

Chapter _____

Parent/Guardian Name _____

Parent/Guardian Name _____

Parents are _____ Married _____ Divorced

With whom does youth reside? _____

Name of parent/guardian who is completing this form _____

Address of parent/guardian who is completing this form _____

Please return this completed 3-page form to the following address

Barshop JCC
12500 N.W. Military Hwy., Ste. 275 | San Antonio, Texas 78231
Attention: Elie Allen

Part 2: To be completed by youth applicant

Name of school _____ Grade _____

Activities in BBYO _____

Offices held in BBYO _____

Other conventions attended: 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Hobbies _____

Extra-curricular activities _____

Do you have any way of earning part of this money for yourself? _____

If yes, please explain _____

Part 3: To be completed by applicant's parents/guardian

Number of children and ages _____

Do you have a child in:

College _____ How many? _____ Approximate annual cost? _____

Private School _____ How many? _____ Approximate annual cost? _____

Please explain your reason for this application, including any unusual or extraordinary circumstances:

Parent/Guardian occupation _____ Annual salary _____

Parent/Guardian occupation _____ Annual salary _____

Part 4: To be completed for PAYMENT PLAN ONLY by applicant's parent/guardian

Please indicate below a payment plan that you are requesting:

\$ _____ Amount per month for _____ months to be paid in full by _____

Part 5: To be completed for SCHOLARSHIP ONLY by applicant's parent/guardian

Total Gross Family Annual Income

_____ Below \$20,000	_____ \$20,000 - \$40,000
_____ \$40,000 - \$60,000	_____ \$60,000 - \$80,000
_____ \$80,000 - \$100,000	_____ Over \$100,000

Estimated cost \$ _____

How much are you requesting? (You must indicate an amount) \$ _____

Have you applied for scholarship assistance this school year? _____

If yes, how many times? _____ How much did you receive? _____

Have you applied for assistance from any other organization for this program? _____

If yes, how much did you request and how much did you receive? _____

Part 6: Parent/Guardian statement of completion

I have checked this form for omissions and errors. To the best of my knowledge, the information reported is complete and correct. I understand that there are no 100% scholarships. I understand that if the application is not complete, this application will not be considered.

Parent/Guardian name (please print)

Parent/Guardian signature _____

Home phone (_____) _____

Work phone (_____) _____

Date _____