

# BRANDON GROVELAND YOUTH ASSISTANCE SKILL BUILDING APPLICATION

DATE \_\_\_\_\_

ACTIVITY REQUESTED \_\_\_\_\_

STUDENT NAME AND AGE \_\_\_\_\_ DOB \_\_\_\_\_

SCHOOL OR HOME SCHOOL ATTENDING AND GRADE \_\_\_\_\_

PARENT OR GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

(for contact, surveys, and further programs)

RACE CIRCLE ONE      WHITE      AFRICAN AMERICAN      ASIAN  
AFRICAN AMERICAN/WHITE      HISPANIC      MULTI-RACIAL  
OTHER \_\_\_\_\_

FREE OR REDUCED MEALS    YES    NO

HOUSEHOLD INCOME \$ \_\_\_\_\_ (if "NO" above documentation of income required)

NUMBER IN HOUSEHOLD \_\_\_\_\_

IF SINGLE PARENT FAMILY CIRCLE ONE      FEMALE      MALE

SIGNATURE PARENT OR GUARDIAN \_\_\_\_\_

**COPY OF DRIVERS LICENSE , AND FLYER OF PROGRAM REQUIRED**

HOW DID YOU HEAR ABOUT OUR PROGRAM CIRCLE ONE    SCHOOL    NEWSPAPER    WEBSITE  
CASE WORKER OTHER \_\_\_\_\_

I HAVE READ AND AGREE WITH THE SCHOLARSHIP POLICY    YES    NO

Approval BGYA Secretary \_\_\_\_\_ Date

Approval BGYA Chairman \_\_\_\_\_ Date