



**Big Brothers Big Sisters
of The Ozarks**

Little Moments, Big Magic

Parents: Please mark the appropriate box for the scholarship you are requesting. You must provide receipts of the expenditure or provide the registration form of the camp or activity along with this completed application. You will be notified if your request is approved or denied.

Sarah’s Goal Scholarship Application

Scholarships are provided to BBBS Littles/Waiting List children for assistance with fees related to their involvement in competitive sports and other activities. You may request up to \$100 during a calendar year. Funds are provided by the Landholt family in memory of their daughter, Sarah, who was an outstanding soccer player.

Summer Camp Scholarship Application

Scholarships are provided to BBBS Littles for assistance with summer camp fees not summer day care. You may request up to \$100. Scholarships are based on the amount available from donors and are made at the discretion of the staff. Your child must be a current match.

Back to School Scholarship Application

Scholarship money is provided for the Big to shop with the Little for back to school clothes or shoes at the beginning of the school year. Scholarships are based on the amount available from the donors and are made at the discretion of staff. We require the Big to pick up the scholarship money from our office and shop with your child. Your child must be currently matched.

Child’s Name: _____ **Birthdate** _____

Parent’s Name: _____ **Phone:** _____

Address: _____

Big Brother or Big Sister’s Name _____

Child’s Status

<input type="checkbox"/> Little Brother	<input type="checkbox"/> Little Sister	<input type="checkbox"/> Waiting List
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Family Income per year

<input type="checkbox"/> Less than \$12,000	<input type="checkbox"/> \$25,000 - \$40,000
<input type="checkbox"/> \$12,000 - \$25,000	<input type="checkbox"/> \$40,000 or higher

Source of Income: _____

Please attach verification of monthly household income

Does your child receive free or reduced lunch? YES NO

Members of Household: _____

Amount Requested: _____ If granted, the scholarship will cover:

Please provide applicable registration forms, receipts, or invoices to support your request.

Please explain why your child needs a scholarship: _____

Disclaimer: *By signing this application, please understand that this is only a request. Scholarships are not guaranteed to be granted. If you do not return verification of income or proof of the expense, your scholarship application will be denied. The scholarship will not pay for late fees, transportation or unrelated activities.*

Signature of Parent/Guardian: _____ Date: _____

Please send completed application with appropriate documentation to Big Brothers Big Sisters of the Ozarks, 3372 W. Battlefield, Springfield, MO 65807; Attn: Julie Brady

For Office Use Only	
Date Received _____	File ID _____
Accept <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount _____
Check Number _____	Date Sent _____
Staff Signature _____	