



Boys Hope Girls Hope
Inspire. Empower. Nurture. Succeed.

Program Application

Information provided on this application, as well as in associated application materials, will be reviewed by program administration, residential staff and voluntary members of the Boys Hope Girls Hope Program Committee, who will utilize the information in order to determine eligibility for inclusion in the Boys Hope Girls Hope scholarship program. These individuals may also periodically review information about program participants in order to determine their continuing status with the program. Parental/Guardian signature on this application form provides authorization for the information contained herein, as well as in associated application materials, to be shared with these individuals to determine eligibility, and acknowledges the right and responsibility of these individuals to periodically review participants' continuing status in the program.

APPLICANT INFORMATION

Name of Applicant:			Date of Birth:		Age:
_____ Last First Middle			____/____/____ (MM) (DD) (YR)		
Gender (Circle One) M F		Place of Birth:			
		_____ City County State Country			
Religion:	Race:	Height:	Weight:	Hair Color:	Eye Color:
Social Security #:			Special Markings:		
Legal USA Resident? Yes No					
Physical Description:					
Health Insurance					
Is Applicant covered by Health insurance? Yes No		Carrier:		Company:	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other		Plan #	
Type of coverage (circle)		If other (name):		Group #	
Medical Dental Vision Mental Health		_____		Identification #	
Name of School:				Grade:	
_____ Address City				Principal:	
State Zip Code				School Phone: ()	
				Email Address:	



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LIVING SITUATION

Applicant usually resides with: (primary caregiver)			Relationship to Applicant:		
Last	First	Middle	Currently living here? Yes No		
Current Address:			Home Phone: ()		
Address			Cell Phone: ()		
City			Work Phone: ()		
State			Zip Code		
State			Email Address:		
Does the above named have legal custody of the applicant?			Yes No		
If No – Custodial Agent:			Home Phone: ()		
Last	First	Middle	Cell Phone: ()		
Address			Work Phone: ()		
City			Email Address:		
State			Zip Code		
Household Members: (Adults & Children)			Date of Birth	Years of Education	Relationship
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					



Program Application

Applicant sometimes resides with: (secondary caregiver)			Relationship to Applicant:	
Last _____ First _____ Middle _____			Currently living here? Yes No	
Current Address:			Home Phone:	
Address _____ City _____			()	
State _____ Zip Code _____			Cell Phone:	
			()	
			Work Phone:	
			()	
			Email Address:	
Does the above named have legal custody of the applicant?			Yes No	
If No – Custodial Agent:			Home Phone:	
Last _____ First _____ Middle _____			()	
Address _____ City _____			Cell Phone:	
State _____ Zip Code _____			()	
			Work Phone:	
			()	
			Email Address:	
Household Members: (Adults & Children)	Date of Birth	Years of Education	Relationship	
1.				
2.				
3.				
4.				
5.				
6.				

REFERRAL CONTACT INFORMATION

Name:			Cell Phone:	
Last _____ First _____ Middle _____			()	
Agency/School:			Work Phone:	
Address _____ City _____			()	
State _____ Zip Code _____			Email Address:	
			Relationship to Applicant:	



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PARENTAL INFORMATION

Mother's Name:		Date of Birth:	
Last First Middle		Phone #:	
Address City		Level of Education:	
State Zip Code		Occupation:	
In House? (Circle One) Yes No		Employer:	
Mother's Current Marital Status: (Circle One) Never Married Married Divorced Widowed		Annual Income:	
If married, to whom:		If Married: _____/_____/_____ Day Month Year	
		If Divorced: _____/_____/_____ Day Month Year	
Father's Name:		Date of Birth:	
Last First Middle		Phone #:	
Address City		Level of Education:	
State Zip Code		Occupation:	
In House? (Circle One) Yes No		Employer:	
Father's Current Marital Status: (Circle One) Never Married Married Divorced Widowed		Annual Income:	
If married, to whom:		If Married: _____/_____/_____ Day Month Year	
		If Divorced: _____/_____/_____ Day Month Year	
Applicant's Siblings:	Date of Birth	Years of Education	Occupation
1.			
2.			
3.			
4.			
5.			
6.			



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EMERGENCY CONTACTS

Name: <hr/> Last First	Address: <hr/> Address City		
	<hr/> State Zip Code		
	Relationship:	Home Phone: ()	Work Phone: ()
Name: <hr/> Last First	Address: <hr/> Address City		
	<hr/> State Zip Code		
	Relationship:	Home Phone: ()	Work Phone: ()

BEHAVIOR WITHIN THE HOME

Please check any of the following which apply:		
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Helps around the House	<input type="checkbox"/> Enjoys Others
<input type="checkbox"/> Leader	<input type="checkbox"/> Accepted by peers	<input type="checkbox"/> Independent
<input type="checkbox"/> Loving	<input type="checkbox"/> Religious	<input type="checkbox"/> Dependable
<input type="checkbox"/> Creative	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Enjoys Reading
<input type="checkbox"/> Friendly	<input type="checkbox"/> Anxious to please	<input type="checkbox"/> Athletic
<input type="checkbox"/> Cheerful	<input type="checkbox"/> Accepts Discipline	<input type="checkbox"/> Joins Groups
<input type="checkbox"/> Restless or overactive	<input type="checkbox"/> Sullen or Sulky	<input type="checkbox"/> Quarrelsome
<input type="checkbox"/> Excitable	<input type="checkbox"/> Lies	<input type="checkbox"/> Tattles
<input type="checkbox"/> Inattentive	<input type="checkbox"/> Temper Outburst	<input type="checkbox"/> Acts "smart"
<input type="checkbox"/> Oversensitive	<input type="checkbox"/> Selfish	<input type="checkbox"/> Destructive
<input type="checkbox"/> Serious	<input type="checkbox"/> Overly Sad	<input type="checkbox"/> Steals
<input type="checkbox"/> Daydreams	<input type="checkbox"/> Fights	<input type="checkbox"/> Difficulty concentrating
<input type="checkbox"/> Loving	<input type="checkbox"/> Religious	<input type="checkbox"/> Dependable
Has applicant ever been involved in a court action? (Circle one) Yes No		
If so, why?		
Further concerns that would be beneficial in assessment of applicant:		

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ACADEMIC PERFORMANCE

Please check any of the following which apply:	
<input type="checkbox"/> Good Student <input type="checkbox"/> Enjoys Learning <input type="checkbox"/> Enjoys Reading <input type="checkbox"/> Participates in Class <input type="checkbox"/> C Grade Pt. Avg. <input type="checkbox"/> Easily Led <input type="checkbox"/> Demands Attention <input type="checkbox"/> Joins School Extra-curricular Activities Extra-curricular activities (clubs) involved in: (name)	<input type="checkbox"/> Average Student <input type="checkbox"/> Does What is Necessary <input type="checkbox"/> Excellent Reader <input type="checkbox"/> A Grade Pt. Avg. <input type="checkbox"/> Failing Grades <input type="checkbox"/> Attendance Problem
<input type="checkbox"/> Poor Student <input type="checkbox"/> Hates School <input type="checkbox"/> Poor Reader <input type="checkbox"/> B Grade Pt. Avg. <input type="checkbox"/> Resists Authority <input type="checkbox"/> Cooperates with Teachers	
<input type="checkbox"/> Joins School Athletic Teams Athletic Teams involved in: (name)	
Special Awards or Academic Accomplishments:	
Has Applicant ever been suspended: (circle one)	Yes No
If so, how many times?	# of suspensions:
Please provide reason for each suspension:	
Has Applicant ever been expelled: (circle one)	Yes No
If so, how many times?	# of expulsions:
Please provide reason for each expulsion:	



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DOCUMENTATION

Please provide the following information with this application to
Boys Hope Girls Hope:

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate (notarized) | <input type="checkbox"/> Alien Registration Card (copy) |
| <input type="checkbox"/> Social Security Card (copy) | <input type="checkbox"/> Last Report Card |
| <input type="checkbox"/> Insurance Documentation (copy) | <input type="checkbox"/> Academic Achievement Test |
| <input type="checkbox"/> Recent Photo of Youth | <input type="checkbox"/> Psychological Test (if applicable) |
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Intelligence Test (if applicable) |
| <input type="checkbox"/> Parental Custody Document (copy) | <input type="checkbox"/> List of Current Prescriptions |
| <input type="checkbox"/> Baptismal/Confirmation Record (if Roman Catholic) | |
| <input type="checkbox"/> Letter from youth on why he/she desires to participate in the <i>Boys Hope Girls Hope</i> program. | |
| <input type="checkbox"/> Letter from parent as to why they desire to have their child participate in the <i>Boys Hope Girls Hope</i> program. (if required by local Affiliate Program) | |

I certify that the information provided in this application is true and complete to the best of my knowledge.

Parent/Guardian Signature *Date*

Parent/Guardian Signature *Date*

Scholar Signature *Date*