

BFF Life Skills Program Scholarship Application

Thank you for your interest in the Brightside Forever Foundation Life Skills Program Scholarship. This scholarship is intended to support individuals committed to personal development and community impact. Please complete all sections of this application. All information will be kept confidential.

Section 1: Personal Information

Full Name:
_____

Date of Birth: _____
Gender:_____

Phone Number:
_____

Email Address:
_____

Mailing Address:
_____

Preferred Method of Contact:
☐ Phone ☐ Email ☐ Text

Do you have a disability? ☐ Yes ☐ No ☐ Prefer not to say

Tell us a little about yourself. What are your hobbies? What do you do for fun? Anything else you want us to know about yourself?

_____
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_____
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Section 2: Background Information:

Current Occupation or Employment Status:

☐ Employed full-time
☐ Employed part-time
☐ Unemployed
☐ Student
☐ Other: _____

Highest Level of Education Completed:

☐ Less than high school
☐ High school diploma or GED
☐ Other: _____

Have you previously participated in any personal development or life skills programs?

☐ Yes
☐ No

If yes, please describe:

Section 3: Short Answer Questions

Please answer the following questions thoughtfully. Each answer should be 3–5 sentences.

Why are you interested in the Life Skills Program?

_____

_____

_____

_____

_____

What challenges have you faced that you believe this program can help you overcome?

_____

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_____

How do you plan to use the skills learned in this program to improve your life or community?

_____

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Section 4: Financial Information

What is your current yearly family income (if any)?
$_____

Please describe any financial hardships or reasons you are seeking a scholarship:

_____
_____

_____
_____

_____
_____

Section 5: References

Please list one or two people (non-relatives) who can speak to your character or commitment.

Reference 1:
Name: _____
Relationship: _____
Phone or Email: _____

Reference 2 (optional):
Name: _____
Relationship: _____
Phone or Email: _____

What is the name of the program you wish to attend?

_____

_____
_____

When do you plan on starting in the Life Skill program?

_____

_____
_____

Section 6: Agreement

By signing this form, I certify that the information provided is true and complete to the best of my knowledge. I understand that submitting this application does not guarantee a scholarship award.

Signature: _____

Date: _____

* Finalist will be interviewed before the scholarship(s) are awarded: