**Better Billings Foundation Scholarship Program**

Failure to complete all information will result in the application being returned to you unprocessed.

**Check One:**

Oasis Family or Individual Season Pass  Oasis School of Fish Lessons  3-H Tutoring

**Personal Information:**

Circle One:

Mr. Mrs. Gender: M F Are you married? Y N

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APT # \_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number of dependents \_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list names and ages of ALL persons in household that you would like to have included on pass or for whom the scholarship is requested.**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last MI DOB First Last MI DOB

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last MI DOB First Last MI DOB

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last MI DOB First Last MI DOB

**Please explain why you are applying for financial assistance.**

**If more space is required, please feel free to continue on the back of this application.**

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**

YES, I am interested in being a BBF Volunteer.

**Employment Information:**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Length of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours worked per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Length of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours worked per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gross Annual Income**

Wages, Salaries, & Tips $\_\_\_\_\_\_\_\_\_\_\_\_

Unemployment $\_\_\_\_\_\_\_\_\_\_\_\_

Social Security $\_\_\_\_\_\_\_\_\_\_\_\_

Child Support $\_\_\_\_\_\_\_\_\_\_\_\_

Public Assistance $\_\_\_\_\_\_\_\_\_\_\_\_

Food Stamps $\_\_\_\_\_\_\_\_\_\_\_\_

Taxes $\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_\_\_

**If your income is zero, please note how you are paying your monthly expenses on back.**

\*\* You must provide documentation of ALL sources of income and/or your SSI allocation statement to verify your annual earnings.

What can you afford to pay

$\_\_\_\_\_\_\_\_\_\_\_\_

toward your program?

The Better Billings Foundation is a non-profit organization committed to helping the people of Billings and the surrounding community thrive in relational, emotional, spiritual and physical health. The BBF believes that all people should have the opportunity to participate in the programs it offers. That is why the BBF Scholarship Program is available. This program is designed to fit each individual’s financial situation. In applying for financial assistance all applicants agree to and understand that they will be checked against the Montana State Violent and Sexual Offender Registry.

FINANCIAL ASSISTANCE: In keeping with our mission the BBF provides financial assistance to those who qualify based on a sliding fee scale.

In order to process applications, we require the following information from all adults in the household:

1. A copy of last two pay stubs
2. (or) A copy of social security income or disability checks ( or a copy of a bank statement showing amount of automatic monthly deposits)
3. Verification on any public assistance received. (Food stamps or TANF), Child Support etc.

Please allow a minimum of 7 business days for the application to be reviewed and processed by the BBF Scholarship Committee. The BBF will notify by mail or email when the application has been processed or if it is incomplete.

We encourage all Scholarship recipients to send a thank you note. Please address it to BBF Scholarship Committee, PO Box 50489, Billings, MT 59105.

I verify that all the information submitted is complete and accurate. I understand that this is a seasonal scholarship and that I will need to re-apply each season. I understand the BBF reserves the right to refuse financial assistance to any applicant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date Signature of Applicant Date