



**Big Brothers Big Sisters**  
of Central Texas



### Scholarship Choice Form

Please complete this form to request a Scholarship payment. Incomplete information may delay the processing of your request. You should complete a new Choice Form for each semester

First and Last Name _____	Student ID _____
Name of Institution _____	Number of Hours Enrolled _____
Current Major: _____	Birthdate _____
<i>Please indicate the <b>semester</b> for which you are requesting funds:</i>	
(Check one) Fall _____ Winter _____ Spring _____ Summer _____	High School Graduation Year _____
Academic Year: _____	

**Please verify with your institution that the information you provide below is correct.**

#### Tuition/Fees or On Campus Housing

Name of Office: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Amount of scholarship to be used: \_\_\_\_\_

#### Books & supplies related to assigned coursework

Name of Bookstore: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Amount of scholarship to be used: \_\_\_\_\_

Questions via email: [Scholarship@bigmentoring.org](mailto:Scholarship@bigmentoring.org) or via telephone at 512-807-3642. You may fax this form to (512)472-5460 or mail to: BBBS Scholarship Administration, P.O. Box 4555 Austin, TX 78765.

**Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Note: Check with BBBS to determine your deadline for use of Scholarship Funds**