

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 _____

Please indicate the **semester** for which you are requesting funds:

High School
Graduation Year _____

(Check one) Fall _____ Winter _____ Spring _____ Summer _____ 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 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