Bham.org Scholarship/Grant Application

Thank you for your interest in receiving support from Bham.org. Please complete this application in full. Incomplete applications may not be considered.

Applicant Information

Full Name: _____

Date of Birth: _____ Age: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

School or Organization Information

Current School / Program: _____

Grade Level / Year: _____ Year Graduating: _____

Club / Activity (if applicable): _____

Request Details

Amount Requested: $_____

Purpose of Request (check all that apply):

☐ Tuition / School Fees
☐ Books / Supplies
☐ Uniform / Equipment
☐ Transportation
☐ Emergency Assistance
☐ Other: _____

Describe in detail how the funds will be used and how they will help you:

_____

_____

_____

_____

_____

_____

_____

_____

Additional Information

Have you received funding from Bham.org in the past? □ Yes □ No

If yes, when and for what purpose?

_____

Are there any deadlines we should be aware of (e.g., payment due dates)?

_____

Certification

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

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____