



The Boys To Men Mentoring Network of Minnesota

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mentoring@boystomenmn.org

Local: www.BoysToMenMN.org

National: www.BoysToMen.org

Scholarship Form for Boy's RPAW

Date: _____

Parent's Name(s): _____

Boy's Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: (H) _____ (W) _____

(other) _____

Name of the person who introduced you to Boys to Men? _____

All information hereafter is confidential and will be used for scholarship consideration only.

What is your total monthly income? _____

What are your total monthly expenses? _____

Are you a veteran, minority, or legally disabled? Please specify. _____

How much of a scholarship do you request? _____

Do you need a payment plan? _____

When can you begin? _____

What do you suggest? _____

Is there any thing else you would like us to know as we consider your request?

We assume that only persons who truly need financial assistance will apply for it. Be aware that you may not receive the amount of scholarship you request. Scholarship assistance is arranged by the BTM-MN board of directors and cannot be granted or promised by any other member of the BTM-MN.

I, _____, state that all the information on this form is true to the best of my knowledge.

Signed: _____ Date: _____

Please call me directly or contact us if you have any questions.

Thanks,
Kristin Brown
Boy Enrollment Coordinator, BTM-MN 651-235-1245