



Big Brothers Big Sisters Michigan Capital Region

Scholarship Application

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Contact Number: _____ Email Address: _____

Graduate of: _____

Number of Years
in Active Match: _____

College Information

Accepted College _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Intended Major Or Undeclared: _____ Intended Semester to begin: _____

Signature: _____

Date: _____

Prompt: Please describe your experiences in our BBBS mentoring program and how these experiences affected you in your life choices. Please continue on the back if necessary.

