



Denny's Scholarship Fund

Scholarship awards are based solely upon need.

Final determination of scholarship awards will be based on the financial needs of the applicant and the funds available for scholarship at BDRR.

Applicant's Name _____

Applicant's Age _____ Phone _____ E-mail _____

Applicant's Mailing Address _____

Legal Guardian Name _____

Legal Guardian Home Address _____

Legal Guardian Occupation _____

Legal Guardian Employer _____

Are you a one- or two-family income household? _____

Please list amount per year of any aid or support you receive other than earned income:

Annual earned income Category (check one)

15,000 \$15,000-\$25,000 \$25,000-\$50,000 \$>\$50,000

Number of dependents in household: Adults _____ Children _____

Primary Care Physician _____

Medication _____

Does applicant have physical and/or cognitive disabilities? Yes

No

If yes, please list _____

Please use the space below to explain need for scholarship:

Signed: _____ Date: _____

Please attach TWO Letters of Recommendation and send the completed form and Letters of Recommendation to blissfulboard@gmail.org. Thank you!

Scholarship Committee Approval: _____ Date: _____