

# BURBANK SISTER CITY STUDENT EXCHANGE PROGRAM STUDENT SCHOLARSHIP APPLICATION – SUMMER 2014

PLEASE PRINT OR WRITE CLEARLY

Fill out **only** if applying for scholarship:

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_  
Last
First
M / I

City \_\_\_\_\_ Zip code \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Current Grade \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Work Phone ( ) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Work Phone ( ) \_\_\_\_\_

The Burbank Sister City Student Exchange Program provides a limited number of scholarships to assist with travel to Ota, Japan. It is a need-based grant, with the following criteria:

- Student must be a Burbank resident;
- Two most recent **semester** grade reports (no transcripts) must reflect at least average class grades, satisfactory attendance and good citizenship;
- *Student Application* and *Student Scholarship Application* are completed and submitted;
- Total household income is not more than allowable income listed below; and
- Explanation of any unusual financial circumstances is submitted.

Financial need is based on total annual household income below the following Community Development Block Grant (CDBG) income limits (80% of median). To verify need, please submit one of the following:

1. Parents' last year's completed federal tax return or past 3 months pay stubs;
2. TANF or Welfare Eligibility Statement;
3. Proof of eligibility for Reduced or Free Lunch Program.

<b>Circle Number of Persons in Household</b>	<b>Total Annual Household Income</b>	<b>CDBG maximum Allowable income</b>
1	_____	\$46,400
2	_____	\$53,000
3	_____	\$59,650
4	_____	\$66,250
5	_____	\$76,850
6	_____	\$82,150
7	_____	\$87,450

Student Applicant: On a separate page, please express in 150 to 200 words what the opportunity of being selected as a participant in and scholarship recipient of the Burbank Sister City Student Exchange Program would mean to you.

Complete and submit this page, financial eligibility information, explanation of any unusual financial circumstances that should be considered and your short essay, along with your Student Application by the required date and to the location stated on the Student Application form. No scholarship monies will change hands. Money will be applied to purchase of airline tickets only.

# Burbank Sister City Committee

## *Membership Application*

Dear Burbank Sister City Committee Prospective Members,

The Burbank Sister City Committee is pleased to welcome you as a member. We look forward to your participation with the committee.

Please return this form to the address shown at the bottom of the page, along with a check for your membership dues. Dues are collected on an annual basis (Jan-Dec). Your contribution will be used to support committee activities.

Thank you for your support of the Burbank Sister City Committee.

(Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

- I would like be added to the Burbank Sister City Committee membership list. Enclosed is a check for my annual membership dues.

*Please feel free to include a donation in addition to your annual dues payment.  
Any amount is greatly appreciated!*

- Family membership\* - \$30     Individual membership - \$15     Donation - \$ \_\_\_\_\_

\*Write additional names and email addresses of family members on back of sheet

Total amount enclosed: \$ \_\_\_\_\_

**Please make checks payable to “Burbank Sister City Committee”**

- Please send monthly meeting minutes and other correspondence to keep me informed of Committee activities via E-mail.

**PLEASE COMPLETE AND RETURN THIS FORM TO:**

***Burbank Sister City Committee***

***c/o Burbank Central Library  
110 N. Glenoaks Blvd.  
Burbank, CA 91502***