

# Russell Chase Memorial Scholarship Application

Application Date \_\_\_\_\_

Students Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Student SS# \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Apt # \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Student Lives with (Father) (Mother) (Both) (Other) # of Other Dependents \_\_\_\_\_

Guardian Email \_\_\_\_\_ Relation \_\_\_\_\_

**I agree to provide transportation for my child by way of \_\_\_\_\_**

In consideration of my child participating with the Russell Chase Memorial Scholarship Fund, I do hereby state that I will sign an agreement to pay my share, if any, of the tuition not covered by the Russell Chase Memorial Scholarship Fund. I also state that I will bring my child to the required classes each week and will make up any classes missed due to illness, injury or some other unforeseeable event that will preclude me from bringing my child to class. I also understand that missed attendance for one month, or 30 days in a row without explanation or official leave of absence will forfeit the scholarship assistance.

**Parent/Guardian Signature \_\_\_\_\_**

( Parent/Guardian may attach letter explaining why child should be considered for the BUKA Scholarship Assistance)

Determine "At Risk" qualification for acceptance into BUKA Scholarship Program. Children (6 to 16 years of age) must satisfy at least one of the following five categories of risk. Please circle all that apply.

- |                                |                                       |                                 |   |   |
|--------------------------------|---------------------------------------|---------------------------------|---|---|
| I. Individual characteristics  | II. Family influences                 | III. School experience          | IV. Peer group influences                 | V. Neighborhood and community factors       |
| A. Alienation                  | A. Parental conflict                  | A. Early academic failure       | A. Friends who engage in problem behavior | A. Economic deprivation                     |
| B. Rebelliousness              | B. Child abuse                        | B. Lack of commitment to school | 1. Minor criminality                      | B. High rates of alcohol abuse              |
| C. Lack of bonding to society. | C. Poor family management practices   | C. Dropping out of school       | 2. Alcohol                                | C. High rates of substance abuse            |
|                                | D. Family history of problem behavior |                                 | 3. Drugs                                  | D. High rates of crime                      |
|                                | 1. Substance abuse                    |                                 | 4. Gangs                                  | E. Proliferation of handguns among children |
|                                | 2. Criminality                        |                                 | 5. Violence                               | F. Teenage pregnancy                        |
|                                | 3. Teen pregnancy                     |                                 |   | G. Neighborhood disorganization             |
|                                | 4. School dropouts                    |                                 |   |   |

Is the child from a single parent family?      Yes      No  
 Is the family on SSI, SSA or other welfare?      Yes      No      If Yes—Circle all that apply.  
 Does the family have Mass Health?      Yes      No

55 Oak Street Extension  
 Brockton MA. 02301  
 Phone: 508-631-6687  
 BrocktonKarate.com



# Russell Chase Memorial Scholarship Application

If you are unemployed and collecting a monthly payment other than wages please provide a document with your Name, Address, type of payment(s) and payment(s) amount collected each month. **Father Unemployed:** Yes No **Mother Unemployed :** Yes No

## Father's Employment Information

—If more than one employer please attach another page

**Place of Employment** \_\_\_\_\_ **Empl. Phone** \_\_\_\_\_  
**City of Emp** \_\_\_\_\_ **Employer Contact Person** \_\_\_\_\_  
**Hours of work per week.** \_\_\_\_\_ **Please attach a copy of your last 4 pay check stubs**  
**Yearly Gross Income** (Verification Needed) \_\_\_\_\_  
**Medical Insurance Payments covered by employer?** No Yes **Monthly co-payment** \_\_\_\_\_

## Mother's Employment Information

—If more than one employer please attach another page

**Place of Employment** \_\_\_\_\_ **Empl. Phone** \_\_\_\_\_  
**City of Emp** \_\_\_\_\_ **Employer Contact Person** \_\_\_\_\_  
**Hours of work per week.** \_\_\_\_\_ **Please attach a copy of your last 4 pay check stubs**  
**Yearly Gross Income** (Verification Needed) \_\_\_\_\_  
**Medical Insurance Payments covered by employer?** No Yes **Monthly co-payment** \_\_\_\_\_

## Household Expenses

—Please list monthly bills

**Home (Own) Monthly PIT** \_\_\_\_\_ **(Rent) Monthly Rent** \_\_\_\_\_  
**Utilities Payment per month** \_\_\_\_\_ **Other Loans Amount remaining** \_\_\_\_\_  
**Car Loan Monthly Payment** \_\_\_\_\_ **Revolving Credit Card Debt Amount** \_\_\_\_\_

Office Use Only

Date Received at BUKA \_\_\_\_\_  
Employment Verified \_\_\_\_\_ Contact Person \_\_\_\_\_  
Salary/Hourly Wage Verified \_\_\_\_\_  
At Risk Qualification \_\_\_\_\_  
Full Tuition Granted \_\_\_\_\_  
Partial Tuition Granted \_\_\_\_\_ Amount per month \_\_\_\_\_  
Denied for Reason \_\_\_\_\_  
Notes:

55 Oak Street Extension  
Brockton MA. 02301  
Phone: 508-631-6687

