

Brookline High School
French Exchange Scholarship Form
2017-2018

Please submit this form to Mr. Butchart in the 317C Floor Deans' Suite

BHS respects families' rights to privacy with respect to financial matters. The only staff members to review this application will be the Chairperson and two Scholarship Committee members. We will keep your personal data in the strictest of confidence.

Student's Name :

Home Telephone Number :

Social Security Number :

Guidance Counselor/Homeroom :

	Father	Mother
Name	_____	_____
Address	_____	_____
Nature of Business	_____	_____
Position Held	_____	_____
Income Before Taxes	_____	_____
Other Income (Real Estate rental, etc.)	_____	_____
Rent Paid per Month	_____	_____
Federal Income Tax (paid in 2014)	_____	_____
Real Estate Taxes (paid in 2014)	_____	_____

State below any other family circumstances the Scholarship Committee should know about (extraordinary expenses, outstanding loans, etc.)

Please describe your child's commitment to contributing to the cost of the travel expenses (summer employment, fund-raising, etc.)

***Please include a photocopy of your 2016 Income Tax Return as a means of verifying the above information.**

All information in this application is correct to the best of my knowledge.

Signature(s)

Father : _____

Mother : _____

Date : _____

Date : _____