



# UNITED FRIENDS

## Scholars Program - Application Request

*This section should only be completed if this form is completed by someone other than the student.*

### Referral Party Information:

Date: \_\_\_\_\_

Referral Party Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Referral Party Email: \_\_\_\_\_

Relationship to Student (i.e., self, social worker, school counselor, etc.): \_\_\_\_\_

### Student/Family Information:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Caregiver Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
number & street city, state, zip

### Other Important Adults in Student's Life:

*Please include all known information, as it will speed up the enrollment process.*

DCFS Social Worker  
(if not referral party) \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

FFA Worker  
(if not referral party) \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Other Adult  
(if not referral party) \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**Please submit application request form by mail, fax, email, or phone.**

**MAIL** United Friends  
c/o Scholars Program  
1055 Wilshire Blvd, Suite 1955  
Los Angeles, CA 90017

**FAX** (213) 580-1820  
**EMAIL** [clarkin@unitedfriends.org](mailto:clarkin@unitedfriends.org)  
**PHONE** (213) 975-1386