



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:

Referral Party Name: _____ Date: _____
Referral Party Email: _____ Phone #: _____
Relationship to Student (i.e., social worker, counselor, etc.): _____

Student Information:

Student Name: _____ Date of Birth: _____
Student Email: _____
Home Phone #: _____ Cell Phone #: _____
Mailing Address: _____
number & street city, state, zip
College Name: _____ HS Grad Year _____
College Program(s) Enrolled In (i.e., CAFYES, EOP&S) _____

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: _____
ILP/YDS Coordinator
(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
PHONE (213) 975-1386