

The North Star Bridge Project

Bridge Program/One-Time Assistance Application



Helping Students In Need Create the Bridge to Success

Send Completed Application to: 1574 W. Havasu Ct., Chandler, Arizona 85248 or contact sue.glascoe@thenorthstarbridgeproject.org

APPLICANT INFORMATION				
Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
E-mail Address				
Home Phone		Cell Phone	Work Phone	
Program Applied for (Bridge/One-Time Assistance)				
REFERENCES				
<i>Please list two references and attach their letters of recommendation</i>				
Full Name		Relationship		
Company		Phone ()		
Address				
Full Name		Relationship		
Company		Phone ()		
Address				
CURRENT EMPLOYMENT (provide attachment if currently employed in multiple jobs)				
Company		Phone ()		
Address		Supervisor		
Permission to Contact Supervisor		Yes		No
Job Title		Salary	\$	From To
Responsibilities				
ATTACHMENTS				
Bridge Program Attachments: <ol style="list-style-type: none"> 3-page typed essay on why you fit our mission statement. Transcripts documenting "C" or better in ALL classes from prior year/semester. Class grade status from each instructor for current semester supporting "C" or better in ALL classes. Completed monthly budget form with supporting documentation. Form available upon request. 		One-Time Assistance Program Attachments: <ol style="list-style-type: none"> Personal statement explaining your unforeseen circumstance or emergency Why you need the emergency funds and how money will be used State <i>exact amount</i> requested, and who should be paid Include your educational and/or career goals. Class grade status from each instructor for current semester supporting "C" or better grades in ALL classes. Supporting documentation of the financial emergency (receipts, police report, medical statements, eviction notice, etc...) 		
DISCLAIMER AND SIGNATURE				
I certify that my answers are true and complete to the best of my knowledge. If this application leads to assistance, I understand that false or misleading information in my application may lead to termination of assistance.				
Signature			Date	