



Supporting the Needs of Friends With Developmental Disabilities Through Services and Support
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F.R.I.E.N.D.S. of Broomfield, Inc. **Scholarship Request**

Date: _____

Applicant Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____

Registered with a Community Centered Board? Y N

If yes, which one? _____

Do you receive any funding for adult services? Y N

If yes, what type of funding?

Comprehensive Supported Living Services (SLS) Family Support Grant

Which activity are you requesting for?

Men's Night Out Women's Night Out Friends Night Out Life Skill Classes

Special Event (please list): _____

Request Amount: \$ _____

Explain why you are making this request:

Have you ever attended a Program at Friends? Y N.

If yes, which one(s)? _____

If you are completing this application for the applicant, please enter your name and contact information:

Name: _____

Phone: _____ Email: _____

Relationship to Contact _____

Funding resources are limited and FRIENDS of Broomfield, Inc. will make every effort to use limited funds in the most responsible way. FRIENDS of Broomfield, Inc. will not discriminate on the basis of age, gender, sexual orientation, and ethnicity, religious or political beliefs. FRIENDS of Broomfield, Inc. reserves the right to deny funding to anyone for any reason.

Deadlines for applications are before the first of the month unless otherwise specified for a special event.

***Complete this form and either email, postal mail or fax to Molly Lynch.
See above for addresses.***