



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., 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 cgiron@unitedfriends.org
PHONE (213) 975-1386