



John Burton Foundation

for Children Without Homes

Burton Scholars Backpack to Success Program - 2011-2012 Academic Year Gift Card Verification Form

School Information: *To Be Filled Out by the School*

Name of School:
School Address:

School Contact:

First Name:	Last Name:
Title:	Department:
Email:	Phone:

School Certification

I certify that I am the Officer in charge of administering Chafee grants for my school. I have reviewed our school's financial aid records and have determined that the student whose name is listed on this form is a first time recipient of a Chafee Grant or a first time Chafee eligible student for the 2011-2012 academic year.

Signature: _____

Date: _____

Student Information and Certification

First Name:	Last Name:
Email:	Phone:

I certify that I am a first time Chafee grant recipient/first time Chafee eligible student for the 2011-2012 academic year. I understand by accepting this award that I also authorize the John Burton Foundation to contact me in the future.

Signature: _____

Date: _____

Optional information - For statistical purposes only

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age:	Ethnicity:
Major:			
Career Goals:			