



**JOHN
BURTON
FOUNDATION**
FOR CHILDREN
WITHOUT HOMES

Backpack to Success General Information Gift Card Program

Introduction

The John Burton Foundation is pleased to announce the continuation of the Burton Scholars Backpack to Success Gift Card Program for the 2015-16 academic year. This program offers all eligible students \$100.00 in gift cards to help aid them in their academic pursuits.

Eligibility

This program is eligible to all Chafee eligible students on your campus. For the purpose of the gift card program, students must be eligible, but do not have to receive an actual grant. A Chafee eligible student is one who is a current or former foster youth who was in care on or after the age of 16 and who has not reached his/her 22nd birthday as of July 1st of the award year.

Submission Process

Step 1: The eligible student fills out the Student Information and Certification section of the application.

Step 2: The campus representative fills out the School Information and Certification section of the application.

Step 3: The campus representative submits the completed forms to our office.

Once applications are received and approved, we will send the gift cards directly to the campus representative to disperse to the student.

Please submit all forms to our office either by mail, fax, or email to:

John Burton Foundation
235 Montgomery Street, #1142
San Francisco, CA 94104
Phone: 415-348-0011

Email: info@johnburtonfoundation.org
Fax: 415-348-0099

If you have any questions regarding this program, please do not hesitate to contact our office at 415 348-0011.

**Burton Scholars Backpack to Success Program
Gift Card Program Application**

STUDENT INFORMATION AND CERTIFICATION: *To Be Filled Out by Student*

(Please type or print clearly)

First Name:	Last Name:
Email:	Phone:

I certify that I am a first year student and qualify for a Chafee grant in the 2015-16 academic year.*

Signature

Date

Optional information - For statistical purposes only

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

Please provide any additional comments you wish to share.

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This form must be signed by a campus representative on page 2 of the form before submission.

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SCHOOL INFORMATION: *To Be Filled Out by Campus Staff*

Name of School:
School Address:

School Contact:

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

School Certification

I certify that I am the school representative in charge of administering Chafee grants or the Foster Youth Campus Support Coordinator 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 first year student and qualifies for a Chafee grant in the 2015-16 academic year.*

Signature (scanned signatures ok)**Date**

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