



**Building On Natural Ability**

**I'm Ready for Change! Scholarship Application**

*(Must receive free or reduced lunch and must be clinically obese for ages 12 to 17 years old)*

*Must have consent and signature of parent(s)*

**The scholarship will completely fund:  
All workout, nutrition, and counseling programs for one complete year**

Please complete all sections of the application. **The deadline for submission is \_\_\_\_\_.**

**SECTION 1 – PERSONAL INFORMATION**

Student's Name:	Affix Passport Size Photo Here
Parent(s) Name:	
Address:	
Home Phone:	
Cellular Phone:	
Email address:	
Child's Date of Birth: _____ Circle: M / F	
Hobby: _____	

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Please describe your current fitness condition and the reason for it.

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What are your career goals after school:

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**SECTION 2 – CADEMIC INFORMATION**

School name and address: \_\_\_\_\_  
\_\_\_\_\_

Counselor's Name: \_\_\_\_\_ GPA: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

**SECTION 3 –ESSAYS**

The following pages will be essay format. Please answer in the spaces given, or type or print your answers on separate pages, if you need more space.







**SUBMITTING YOUR APPLICATION:**

Must have parent(s) and student's signatures:

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Please submit the following to be considered for the Each One Teach One scholarship:

1. Completed application form
2. Letter of recommendation from your doctor
3. Copy of the applicant's transcript from school

**This application is due on \_\_\_\_\_.**

**Return applications to:**

**BONA Foundation, Inc.  
10640 Westheimer Road  
Houston, Texas 77042**

***Please direct any questions to:  
713-977-BONA***