

B3 Scholarship Application

*With the primary goal of helping members continue their fitness journey,
the mission of the B3 Scholarship Fund is to support and maintain a positive gym community
by supporting members in financial need.*

Name: _____ Age: _____ DoB: ____/____/____

Address:

Street *City* *State* *Zip*

Phone: (H) _____ (C) _____ (W) _____

Email: _____

Occupation: _____ School or Employer: _____

Date membership at B3 began? ____/____/____

Please describe, in as many details as possible, your current situation and how it contributes to your financial hardship.

Please describe how you uphold the B3 Core Values: People First, Better Than Yesterday, Always Do The Right Thing.

Confidentiality Agreement

It is understood and agreed to that the above identified disclosure of confidential information may provide certain information that is and must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality necessary, it is agreed that:

1. The Confidential Information to be disclosed can be described as and includes:
 - a. Names, addresses, phone numbers, email addresses, birthdays, or any identifying information
2. The Recipient agrees not to disclose the confidential information obtained from the disclosure to anyone unless required to do so by law.
3. This Agreement states the entire agreement between the parties concerning the disclosure of Confidential Information. Any addition or modification to this Agreement must be made in writing and signed by the parties.
4. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

WHEREFORE, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

Recipient of Confidential Information:

Name (Print or Type)

Signature

Date

Applicant Information:

Name (Print or Type)

Signature

Date