# Silver State Scholarships Beyond the Bell Program Referral Form

Silver State Scholarships is proud to provide enrichment scholarships through the Beyond the Bell Program. These scholarships give students the opportunity to participate in extracurricular activities such as sports, arts, music, and leadership programs. Referrals must come from Silver State Scholarship partners, including schools and designated community organizations.

Please complete this form in full for each student referral. Incomplete forms may not be considered.

## Student Information

|  |  |
| --- | --- |
| Student Name: |  |
| Date of Birth: |  |
| Grade Level: |  |
| School: |  |
| Parent/Guardian Name & Contact Info: |  |

## Referral Details

Referring Partner Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Staff/Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area(s) of Interest (check all that apply):

☐ Sports ☐ Music ☐ Arts ☐ Leadership ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the student’s interests and how participation in this program will benefit their growth and development:

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## Supporting Documentation

Please attach any relevant documentation (teacher recommendations, report cards, program enrollment details, etc.).

## Authorization

I affirm that this referral is submitted on behalf of an eligible student through an authorized Silver State Scholarships partner organization.

Referring Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_