



BESTOWER FOUNDATION™

Spend out of what Lord has provided for you seeking His pleasure alone

1502 Kingfisher Drive, Marietta, GA 30062, USA

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APPLICATION FORM – SCHOLARSHIP FOR STUDENT			
STUDENT INFORMATION			
First Name:		Last Name:	
SSN / National ID:		Date of Birth	
Address:			
City:		State:	
Zip:		Country:	
Email:		Phone:	
Class / Grade:		GPA:	
PARENT / GURADIAN INFORMATION			
First Name:		Last Name:	
Address:			
City:		State:	
Zip:		Country:	
Phone:		Email:	
Monthly Income:		No of Dependents:	
Profession:			
SCHOOL INFORMATION			
Name:			
Address:			
City:		State:	
Zip:		Country:	
Phone:		Email:	
PRINCIPAL / HEADMASTER OF THE SCHOOL			
First Name:		Last Name:	
Phone:		Email:	
SCHOLARSHIP AND GRANT INFORMATION			
Name of the Scholarship:			
Requested Grant Amount (Yearly):			
BREIF DESCRIPTION OF HOW REQUESTED GRANT WILL BE SPENT			
SIGNATURE OF THE STUDENT			
<input checked="" type="checkbox"/>	I do hereby certify that above information is correct and true. Upon receiving the grant/scholarship, (i) I do agree to send Quarterly and Yearly report card to Bestower Foundation via email at info@bestower.org ; and (ii) I authorize Bestower Foundation to use my name and photo for purposes associated with fundraising and fulfilling foundation's goals.		
Signature of the Student:		Date:	