**APPLICATION FORM – SCHOLARSHIP FOR STUDENT**

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| **STUDENT INFORMATION** | | | | |
| **First Name:** |  | | **Last Name:** |  |
| **SSN / National ID:** |  | | **Date of Birth** |  |
| **Address:** |  | | | |
| **City:** |  | | **State:** |  |
| **Zip:** |  | | **Country:** |  |
| **Email:** |  | | **Phone:** |  |
| **Grade:** |  | | **GPA:** |  |
| **PARENT / GURADIAN INFORMATION** | | | | |
| **First Name:** |  | **Last Name:** | |  |
| **Address:** |  | | | |
| **City:** |  | **State:** | |  |
| **Zip:** |  | **Country:** | |  |
| **Phone:** |  | **Email:** | |  |
| **Monthly Income:** |  | **No of Dependents:** | |  |
| **Profession:** |  | | | |

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| --- | --- | --- | --- |
| **SCHOOL INFORMATION** | | | |
| **Name:** |  | | |
| **Address:** |  | | |
| **City:** |  | **State:** |  |
| **Zip:** |  | **Country:** |  |
| **Phone:** |  | **Email:** |  |
| **PRINCIPAL OF THE SCHOOL** | | | |
| **First Name:** |  | **Last Name:** |  |
| **Phone:** |  | **Email:** |  |

|  |  |
| --- | --- |
| **TUITION FEES, BOOKS, TRAVEL COSTS AND GRANT INFORMATION** | |
| **Tuition Fees (Yearly):** |  |
| **Requested Grant Amount (Yearly):** |  |
| **BREIF DESCRIPTION OF HOW REQUESTED GRANT WILL BE SPENT** | |
|  | |

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| --- | --- | --- | --- | --- |
| **SIGNATURE OF THE STUDENT** | | | | |
|  | **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 Bestowers Foundation via email at** [**info@bestowers.org**](mailto:info@bestowers.org) **; and ii) I authorize Bestowers Foundation to use my name and photo for purposes associated with fundraising and fulfilling foundation’s goals.** | | | |
| **Signature of the Student:** | |  | **Date:** |  |