|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | | | | |
| **☒** | 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](mailto: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:** | |  |