



Educational Scholarship Application Form

Applicant Basic Information

Name

Email

Phone Number

Address

DOB

School Currently Enrolled

Grade

Gender

Parent or Guardian Information

Name

Email

Phone Number

Relationship to Applicant

Address

Signatures

Applicant

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Date

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Parent or Guardian

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Date

.....

Acknowledgement

By signing herewith, we acknowledge that all the information provided are true. Also, we agree that Edvancement Foundation has the right to use our information for advertisement or news release on scholarship activities but not to any other unrelated events without obtaining prior agreement.