

# Student Scholarship Application Form

*"An educated Liberia makes a better Liberia"*



## Instructions:

1. Please print clearly. If this form is incomplete, inaccurate, or not signed, it will not be considered.
2. You must meet the following criteria before completing this form.
  - a. You must demonstrate the need for financial assistance
  - b. If scholarship is awarded, you **MUST** maintain an overall average of C or better when awarded a scholarship
3. Please submit completed form to [admin@educateliberia.org](mailto:admin@educateliberia.org) or mail completed form to:

Personal Information			
Applicant's Name:			
Home Address:			
City:		County of Residence	
Telephone:		Email Address:	
Best way to contact you:			

Parental/Guardian Information			
Parent/Guardian's Name:			
Home Address:			
City:		County of Residence	
Telephone:		Email Address:	

School Information			
Name of School:			
Address:			
City:		County:	
Telephone:		Current Grade:	
Academic Year:			

Are you related to a member of the Board of Director/Trustees for Educate Liberia Foundation? (Please check one): Yes:  No:

If yes, please identify the Board member and relationship: \_\_\_\_\_

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Foundation Office Use Only:			
Foundation Executive Director Signature			
Scholarship Awarded:		Date:	