



Scholarship Form

(Please print)

Full Name of Applicant

Date of Birth

Male

Female

Elementary School Attended

Complete Mailing Address of Applicant

Phone Number

Email

Name of Parent / Guardian:

Name

Relationship to Applicant

Home Phone

Work Phone or Cell

Please Circle your answer for each of the following questions:

Yes No

I understand and agree to the eligibility criteria of **dream's** 4-year mentorship and scholarship program. If I fail to meet the criteria, I understand I will be removed from the program.

Yes No

The effectiveness of this scholarship program is being studied by York University's Department of Education. I, therefore, agree that data may be collected and used for this purpose.



Scholarship Form (cont.)

Please sign the following:

In signing this form, I acknowledge that neither of the parents of _____ (student's name) have graduated from a university or a 2 or 3 year college program. I also hereby consent to the disclosure of personal information as is contained in your files pertaining to the above named student and is used by **dream**. This consent shall remain in force and effect unless revoked in writing.

Signature of Parent / Guardian

Signature of Witness

Dated this _____ of _____, 20 _____.

In signing this document, I acknowledge that **dream** may use my child's photograph in marketing material

I do not authorize dream to use my child's photograph.

I do not authorize photo release of my child. _____
(Signature of Parent / Guardian)