



ScholarFund.org  
99 Madison Avenue  
Suite 515  
New York, NY 10016  
Tel: (646) 481-0005

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### Parent or Legal Guardian

First Name, Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### Student Applicant

First Name, Last Name \_\_\_\_\_  
Name of Scholarship \_\_\_\_\_

### Scholarship Application Permission Form

I, (name of parent or guardian) \_\_\_\_\_, grant permission for my child (name of child) \_\_\_\_\_ to participate in the ScholarFund.org programs and submit their application online. I understand that the information that my child enters online will be used only for the purpose of applying, reviewing and awarding the scholarship for which he/she has applied to and in no way guarantees that they will be awarded the scholarship.

Signature \_\_\_\_\_

Date \_\_\_\_\_