

# Alajawan's Hands' Scholarship Application Form



*"I want to make a difference in my community." – Alajawan Brown*

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

How did you hear about this Foundation?

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Why are you requesting a scholarship?

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How much are you asking for?

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Have you ever done anything to make a difference in your community? \_\_\_\_\_

If yes, explain how.

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If no, if given the opportunity, would you like to? \_\_\_\_\_

If yes, what is something you would want to do?

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Rec'd \_\_\_\_\_ Received by \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_