

South Country Education Foundation

STUDENT STUDY GRANT

REQUEST TO APPLY and PARENTAL CONSENT FORM

Name _____

Address _____

Grade Level in September 2024 _____

E-mail _____

Parental phone contact _____

Program that you are applying for _____

Please give us a brief reason why you are interested in this program:

Student Signature

Print Name

Date

I give permission for my child to apply, and if accepted, attend a Student

Study Program at _____.

Parent Signature

Print Name

Date
