

# South Country Education Foundation

## STUDENT STUDY GRANT

### REQUEST TO APPLY and PARENTAL CONSENT FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Grade Level in September 2025 \_\_\_\_\_

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

\_\_\_\_\_