

**APPLICANT INFORMATION** 

# ELIZABETH TUDOR FOUNDATION, INC.

Scholarship Application Form

Please print or type legibly in black ink. Fill out all paragraphs. Incomplete applications will NOT be reviewed. Attach a copy of supporting documents.

NAME				
First	Middle		Last	
DATE OF BIRTH/_	/	GENDER		
Month Dat	e Year		Male	Female
SSN (if any) NATIONALITY				
ADDRESSStreet			Zip Code & Country	
	•		•	
PHONE ()Cell	EMAIL			
PARENT/GUARDIANFirst	Mi	ddle Initial	Last	 t
SIGNATURE		DATE	/	/
SIGNATUREApplicant		Month	Date	Year
EDUCATION INFORMATION				
HIGH SCHOOL				
DATE OF GRADUATION FROM HIGH SCHOOL/				
ADMITTED UNIVERSITY/ COLLI	EGE			
DATE OF ADMISSION TO UNIVERSITY/COLLEGE///				
		MOHU	Date	rear

### SUPPORTING DOCUMENTS

Please send with your application form a copy of the following documents:

# **For DOMESTIC students:**

- Proof of Residency (copy of Birth Certificate, or Green Card)
- Proof of Age (copy of ID, Driver License, Passport, or other photo ID)
- Letter of Admission from University or College
- Proof of Enrolment (enrolled list of classes printed from student account)

# For INTERNATIONAL students:

- Proof of Residency (copy of National ID AND Travel Passport)
- Proof of Age (copy of ID, Driver License, or other photo ID)
- Letter of Admission from U.S. University or College
- Proof of Enrolment (enrolled list of classes printed from student account)

OFFICE USE ONLY
APPLICATION RECEIVED/ DOMESTIC YESNO
REVIEWED BY First Name Last Name
APPLICATION NUMBER STATUS
DATE OF REVIEW/ SIGNATURE

# PLEASE SEND APPLICATION FORM WITH SUPPORTING DOCUMENTS TO ELIZABETH TUDOR FOUNDATION, INC.

### **DOMESTIC STUDENTS SEND TO:**

P.O. Box 972777 Miami, FL 33197-2777

### **INTERNATIONAL STUDENTS SEND TO:**

Email address: info@elizabethtudorfoundation.org