Sri Shirdi Saibaba Temple

(Non – Profit Organization Tax ID No. 32 – 0064813)

28875 W.Seven Mile Rd, Livonia, MI 48152 Phone : (248) 471 - 6474.

SCHOLARSHIP APPLICATION FORM

1. Student details

Last Name: _____   **First Name:** _____

Address:
_____
_____
_____

Zip Code: _____   **Date Of Birth:** _____

Home Telephone No. _____   **Daytime Contact.** _____

E-mail address: _____

2. Parent Details

Last Name: _____   **First Name:** _____

Address:
_____
_____
_____

Zip Code: _____   **Date Of Birth:** _____

Home Telephone No. _____   **Daytime Contact.** _____

E-mail address: _____

3. Education Details

Name of College admitted for Under Graduation: _____

Name Of High School and Address:	

Date Of High School Graduation (MM/DD/YYYY):	

Name Of High School Principal:		Name Of High School Counselor:	

High School GPA Score (Un-weighted)	ACT Score (composite)	Names Of AP subjects awarded during high school study	SAT Score If available

4. Supporting Documents

1. **High School Transcripts**
2. **ACT Score Card**
3. **SAT Score Card if available**
4. **Copy of application form where admission obtained in under graduation program**

5. Declaration

Statement to be signed by the applicant and parent

I confirm that all the information given by me on this form is correct and accurate, and understand scholarship application can be cancelled if information found to be false or misleading or without supporting documents.

I voluntarily choose to participate, and understand that my consent does not legally bind with temple in case of not chosen for the award of scholarship.

Applicant's Signature: _____
Signature   Print Name   (Date)

Parent's Signature: _____
Signature   Print Name   (Date)