



Grace Foundation Scholarship Fund

Affix Photo Here

Expected Date of Graduation
Month _____ Year _____

Please type all information in English

APPLICATION

P.O. Box 924, Menlo Park, California 94026

PERSONAL INFORMATION:

Country of Birth Date of Birth Sex
Last Name First Name Middle
Marital Status Number of Children
Residence Address

Email Address Phone
Health Status - Special Conditions
Religious Affiliation (Church) Years Attended
Pastor/Minister Baptism Date
Activities in Church

COLLEGE INFORMATION:

Course of Study and Expected Degree

Name of College or School
College or School Address

Email Address/Website
Phone Have you been notified of acceptance? Yes No
Current Class 1st Yr. 2nd Yr. 3rd Yr. 4th Yr.
Give explanation if college is outside of native country

FAMILY INFORMATION:

Father's Name
 Age Occupation
Mother's Name
 Age Occupation
Brothers and Sisters Age Occupation
1.
2.
3.
4.
5.
Name any relatives who have received Grace Foundation Scholarships

SCHOOL INFORMATION:

Name of High School or College Preparatory School

School Address

Email Address/Website
Phone Grades in School (K-12?) Yes No
Number of Students in School
Is School Accredited (Agency)?
Does School Have a Religious Affiliation (Church)?

Local currency unit _____ US\$ conversion rate _____

FINANCIAL INFORMATION (IN U.S. DOLLARS):

Parent's Annual Income Expected Family Aid to Student. \$
Student Employment Income (Including spouse, if married)
Other Scholarships (include tuition waivers and work/study if applicable)

Student Loans and Other Aid
Total Available Student Funds for School Expenses

COLLEGE EXPENSES: (IN U.S. DOLLARS):

Annual Tuition
Room and Board
Books
Miscellaneous
Total Annual College Expenses

Amount Requested for Grace Foundation Scholarship



LETTERS OF RECOMMENDATION

Three letters of recommendation are required. The letters may be written by your present pastor, present employer, current school counselor, or other person that is familiar with your work ability and character and has known you for at least one year. At least one letter should be from a person in your country of origin. Letters from relatives are not acceptable. It is the student's responsibility to make sure that recommendation letters are sent to Grace Foundation in time to meet application deadlines.

The letters should minimally contain the following information:

- Name and title of recommending person
- The capacity in which they came to know the student and the length of time or dates involved
- Assessment of student abilities for college work in their chosen course of study
- Character strengths and weaknesses of the student

Please list below the persons who will be providing the recommendation letters:

	Name	Title	Institution	Country
1.				
2.				
3.				

ATTACHMENTS TO APPLICATION FORM

With this application, please submit the following:

- Recent photograph (taken within the last year – 2" x 2" passport)
- Official school transcript including grades of the most recent semester
- Letter of acceptance from above-named college or school
- Career goal essay – maximum 400 words
- Christian testimony – maximum 400 words
- Financial statement (documentation of parent's income and/or student income, where applicable – include local currency unit and US\$ conversion rate)
- Three letters of recommendation as described above (to be sent directly to Grace Foundation)

NOTE: FAILURE TO COMPLETE THE ABOVE REQUIREMENTS COULD DISQUALIFY YOU FROM CONSIDERATION FOR A GRANT. ALL CORRESPONDENCE MUST BE IN ENGLISH.

I certify that all of the information on this application form is true and accurate to the best of my knowledge. I understand that Grace Foundation may request further documentation of proof on items in this application form if they deem it necessary

SIGNATURE: _____ DATE: _____

Please send us the email address of your department or your faculty supervisor. The Awards Committee will not accept applications that do not give us this information.

Advisor's/Department email address