A picture containing drawing

Description automatically generatedHina Patel Foundation Academic Scholarship Application

To qualify as an applicant for the Hina Patel Foundation Scholarship, applicants must meet the following criteria:

* You must be a current and active client of the HPF.
* Applicants must include a copy of an unofficial transcript with application
* Write and attach an essay about why you have chosen the career path that you currently seeking (250-500 words)
* Agree to the Terms and Conditions
* Complete and submit the scholarship request application in its entirety

Scholarship:

* Award amount $250-$1,000
* Upon notification of school accepted to, fund will be paid directly to school.
* Scholarship will be received once official

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a minor:

Parent/Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List School Activities/Volunteering Activity:

|  |  |
| --- | --- |
| **Activity/Volunteer Event** | **Date or Semester Completed** |
|  |  |
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|  |  |
|  |  |

Academic Information

School/University Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quarter/Semester Start Date: \_\_\_\_\_\_\_\_\_\_\_\_

Please read the Terms and Conditions:

1. Award holders (or parents if award holder is a minor) must participate in a minimum of two (2) events held by the HPF during a one-year period.
2. This is an option for every year you are in college. Proof of registration will be needed.

Applicant Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent (if minor) Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_