

Scholarship Application Form

EDWARDS Learning Foundation



All completed forms will be treated as confidential. The Edwards Scholarship committee will review all applications and make the final decisions on awards.

Applicant Name: _____

Home Address: _____

School Name: _____

School Address: _____

Grade Level: _____

Parent (s) /Guardian _____

Address: _____

Email Address: _____

Telephone Number: _____

Fax Number: _____

Please indicate the Tutoring Center that you would like your child to attend'
Edwards Learning Center Other (*specify*) _____

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Edwards Learning Foundation scholarships will be awarded based upon funds availability and eligibility criteria. Please describe on what basis your child is a good candidate to receive Edwards Scholarship.

Please indicate whether, or not you receive Public Assistance Yes No

If yes, please attach a copy of document/s verifying your Public Assistance eligibility

Do you currently have an Individualized Education Plan (**IEP**) for your child?

Yes No

If yes, please attach copy of your child's (**IEP**) assessment.

Please attach letter of recommendation from your child's school.

Deadline for Scholarship Application accepted throughout the school year

Send the application to Edwards Learning Foundation at the following address:

Scholarship Application Form
EDWARDS Learning Foundation

Edwards Learning Foundation
360 Chambers Street
Phillipsburg, NJ 08865