



## Edwin Steve Memorial Scholarship Application

1. **Full Name** \_\_\_\_\_
2. **Address** \_\_\_\_\_
3. **Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_
4. **Email Address:** \_\_\_\_\_
5. **Parents'/Guardians' Name(s):** \_\_\_\_\_
6. **College/University you plan to attend this fall:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number of Financial Aid Office: \_\_\_\_\_
7. **Major** \_\_\_\_\_  
**Minor or area(s) of concentration** \_\_\_\_\_
8. **GPA:** \_\_\_\_\_
9. **Are you a citizen of the United States?** \_\_\_\_\_

By signing this application, I give permission to The Compassionate Hearts UNITED Foundation, Inc. to publicize my scholarship award if chosen as the recipient.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Notes:

- 1) Scholarship awards will be sent directly to the student's chosen college/university.
- 2) Recipient must provide The Compassionate Hearts UNITED Foundation, Inc. with verification of collegiate registration for scholarship payment.