



Viscount Foundation, Inc.

Education Through Opportunity

*Viscount Foundation, Inc.*

*P.O. Box 4438*

*San Dimas, CA 91773*

*An Approved Public Service Charity*

Scholarship Application Information Form

NAME OF SCHOLAR: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

***I certify that I am a graduating senior/1<sup>st</sup> year college student in good standing at***

\_\_\_\_\_ ***High School/College and expect to enroll at***

\_\_\_\_\_ ***University/College in September of the year immediately following my high school graduation/or successfully completed my 1<sup>st</sup> year of college.***

***Scholar's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY THE SCHOOL COUNSELOR

This is to certify that \_\_\_\_\_ has a cumulative GPA of \_\_\_\_\_

and that the attached composition is the original work of the above-named scholar.

(Attach a copy of the scholar's transcript, and the counselor's or administrator's business card.) Signed

Date: \_\_\_\_\_

Counselor/Administrator \_\_\_\_\_