



Sustainable Youth Education Empowerment Program

(S.Y.E.E.P) Scholarship Form

493 E. March Lane, Ste. D,
Stockton, CA 95210-4512

USA Contact: 209-898-3467
Email Address: syeep.org@gmail.com
Website: www.syeep.org

***Attention:** Government school Students **100%** scholarship while Non-government school students **50%** scholarship*

Liberia Contacts #: **Bong County 0886-483-890** **Lofa County 0776-496-050** **Nimba County 0888-434-341**

Please **write well**

Last Name: _____ First Name: _____

Address: _____

Sex: Male: _____ Female: _____

Phone number (If Any): _____

Email address:(If Any): _____

Date of birth: Month _____ Day _____ Year _____

Grade Point Average (GPA): _____

Name and location of high school: _____

Name & address of parent(s) or legal guardian(s):

Name(s): _____

Address: _____

Phone #: _____

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my picture may be taken and used to promote **Sustainable Youth Education Empowerment Program**.

I hereby understand that if chosen as a scholarship winner, according to **Sustainable Youth Education Empowerment Program** Scholarship policy, it is my responsibility to submit to **Sustainable Youth Education Empowerment Program**, no later than July 2020, a certificate of enrollment for the first semester, which includes the Student ID number and receipt.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ **Date:** _____

STATEMENT OF SUPPORT BY GUIDANCE

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to **Sustainable Youth Education Empowerment Program.**

Name of Guidance Counselor: _____

High School: _____

Contact information (email and phone): _____

Signature of Guidance: _____ **Date:** _____

For SYEEP Scholarship Committee Use Only

Received by SYEEP Scholarship Committee (**LIBERIA**):

Committee Member (Liberia) _____ Date

Committee Member _____ Date

Reviewed by **SYEEP Country Director (Liberia)**: _____

Abednego S. Wright

Approved By: _____ Attested By: _____

Free Lathrobe - Financial Department

Alexander Kesselly - CEO