



Plant A Seed Foundation Scholarship Application

Name: _____
Last First Middle

Birthdate: _____ Gender: Male Female School: _____

Parent/Guardian Name: _____
Last First Middle

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

Who do you live with? both parents one parent (please specify) _____ other (please specify) _____

Emergency Contact: _____ Emergency Contact Number: _____

Who referred you to Plant a Seed? _____

Annual Family Income (estimated gross, all sources, one year) \$ _____ Number of children, under 18 years old, in family ____
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Can you provide transportation? yes no Have you received a scholarship from PASF before? yes no

Does the child applying receive a reduced or free school lunch? yes no

Are there any health or financial considerations you want us to know about? yes no If yes, please explain:

Tell us about your interests.

Do you have the name of a program you would like to attend? If not, let us help you find one.

I certify that **all** preceding information is true. .

Signature of Parent/Guardian _____ Date: _____

Please mail scholarship applications to:

Plant A Seed Foundation
301 Oxford Valley Rd
Suite 1506
Yardley, PA 19067

Or Fax to:
215-860-8404

If you have any questions, please contact us:
phone: (215) 860-8403 or e-mail: Michele@plantaseedfoundation.com

web: www.plantaseedfoundation.org