

**E.D. Cubed, Inc. Scholarship/Endowment Application**

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

**A counselor must sign applications for scholarships by students.**

**Student’s Personal Information**

Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_ Grade Point Average \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Applicant’s Financial Information**

The financial status of the family and student in need must be briefly, stated and attached to this application. Please adhere to the guidelines and requirements of the Endowment and/or Scholarship from which you are seeking funding.

**Scholarship Applicant’s Essay**

The student must write a one page double spaced essay stating why he/she feels that he/she deserves the scholarship(s), for which he/she is applying. The essay must be attached to this application.

**Interview**

A member of the Board of Directors will interview the applicant.

**The names of Scholarship recipients will be posted on the E.D. Cubed, Inc. website.**

\_\_\_\_\_  
Student’s Date/Signature

\_\_\_\_\_  
Counselor’s Date/Signature

Please mail this application to E. D. Cubed, Inc., P. O. Box 312187, Atlanta, GA 31131 or upload it to [e.d.cubed@bellsouth.net](mailto:e.d.cubed@bellsouth.net) .