

# Plant a Seed Foundation Scholarship Application

Last Name:	me: First Name:			
Birthdate: Age:		□ Female	School:	
Parent/Guardian Last Name:		First Nam	e:	
Home Address:		Ci	ity:	Zip:
Home Phone:	_ Cell Phone:		Work Phor	ne:
E-mail:				
Who do you live with? □ Both parents	□ One parent _		Other	
Number of children in household	Ca	ın you provide	transportation?	
Annual Family Income \$ *Attach financial statements				
Does your child receive a reduced/free l	unch? □ Yes □ N	o Has you	ır child received a PA	S scholarship? □ Yes □ No
Are there health, educational or financi	•			
Who referred you to Plant a Seed?  Is there a caseworker involved with you				
·		Agonova		
Name:				
Phone:				
Please ask your caseworker to provide a	any information th	nat will aid us	in helping your child.	
We need your help finding a location whome. Please include address, pho	•		supported. Please list	t at least one location near



## **Recipient Scholarship Form**

Application will not be considered unless all forms are answered fully and signed. Please attach additional pages if needed.

Child's Name:		Age:	Date:
Please describe your passion and wh	hat it means to y	ou.	
Are you currently involved in any a	ctivities? If yes,	please list th	em.
Is there anything else you'd like to s	share with us tha	at will help P	'AS make a determination t
approve your scholarship?			



### Waiver

#### RELEASE AND WAIVER OF CLAIMS

For and in consideration of funding received from Plant A Seed Foundation, Inc., I the undersigned, as parent and/or natural guardian of the below named minor child, do hereby agree as follows:

- 1. Whereas the undersigned desires to participate in and accept funding from Plant A Seed Foundation, Inc., as a charitable endeavor sponsored by Plant A Seed Foundation, Inc., I understand and agree that Plant A Seed Foundation, Inc. and all of its affiliates including, but not limited to sponsors, vendors, volunteers and staff (hereinafter collectively referred to as "Plant A Seed Foundation") shall not be responsible or legally liable for any losses of personal property, or any bodily injury or the result thereof, incurred and suffered by us as the result of any property, equipment and/or service arranged for and funded by the Plant A Seed Foundation. As a further condition of our participation, we further agree to forever remise, release, discharge and hold harmless Plant A Seed Foundation for any and all claims at law or equity that I or my heirs, successors and/or assigns shall now have, ever had or will have stemming from any activity and/or equipment paid for by Plant A Seed Foundation until the end of time. Additionally, we agree to indemnify and hold harmless Plant a Seed Foundation (including but not limited to sponsors, vendors, volunteers and staff) for any damage, loss of personal property and/or bodily injury resulting from any acts, during any activity and/or equipment paid for by Plant A Seed Foundation.
- 2. By signing below, the undersigned acknowledges and fully understands that he/she will be engaging in activities that may involve risk of injury, perhaps serious in nature and including permanent disability and death which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, from the conditions of the premises and/or any of the equipment used. Further that there may be other risks not known to us or not reasonably foreseeable at this time;
- 3. I/We assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- 4. I have read this release carefully before signing. I have signed this document voluntarily and with full knowledge and understanding of the contents of the Release.
- 5. I further give my consent for Plant A Seed Foundation to use any photographs of me during any activity.

Child's Name:		
Signature of Parent/Guardian	Date:	
Print Parent/Guardian Name:		



### Criteria

Please make sure all criteria are met before submitting a renewal.

- 1. Strong passion in a specific area of interest
- 2. Child must be between the ages of 10 and 18
- 3. Financial need
- 4. Limited involvement in activities outside of school
- 5. Must be able to provide transportation
- 6. Must demonstrate commitment (i.e. return phone calls in a timely fashion, furnish necessary documentation, consistent attendance in regard to the activity)
- 7. Completed application, signed waiver and criteria checklist
- 8. Child must complete the section of the application regarding his/her passion, in their own words

I have read and believe that I/my child meet(s) the criteria for consideration of a PAS scholarship.

Please Print Parent/Guardian Name:

9. Summer camps are not considered for PAS scholarships

Child's Name:

Signature of Parent/Guardian

Date:



### Certification

I certify that all preceding information is true AND that I will never use this activity as a form of reward or punishment. I have transportation and will make a commitment that my child will attend this activity on a consistent basis.

Signature of Parent/Guardian	Date:
Please Print Parent/Guardian Name:	

#### Please send forms listed below to the Plant a Seed Foundation:

- Scholarship Application (Page 1)
- Recipient Scholarship Form (Page 2)
- Waiver (Page 3)
- Criteria (Page 4)
- Certification (Page 5)
- Financial Statements

#### Forms may be sent via mail, email or fax to:

Plant a Seed Foundation 301 Oxford Valley Road Suite 1506 Yardley, PA 19067

Should you have any questions, please contact:

Email: Justine@plantaseedfoundation.org

**Other Contact Information:** 

Office Phone: 267-367-5348 Office Fax: 215-860-8403 Website: www.plantaseedfoundation.org