

Odane Cares Foundation
1935 NW 43rd Place
Gainesville 3605
(352) 321-1296

ODANE CARES FOUNDATION
Bridge to Brilliance Scholarship

Scholarship Application Form

This scholarship aims to assist students in need with school lunches and essential school supplies. Please complete all sections clearly.

1. Personal Information

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Gender: _____ Age: _____

Address: _____

Phone Number: _____

Email Address: _____

2. Educational Information

Name of School: _____

Grade/Form: _____

School Address: _____

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Principal or Teacher's Name: _____

Contact Number: _____

3. Financial Information

Do you currently receive any financial aid or lunch assistance?

☐ Yes ☐ No

If yes, please describe:

Why are you applying for this assistance? (Briefly explain your situation):

4. Parent/Guardian Information

Name: _____

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Relationship to Applicant: _____

Occupation: _____

Phone Number: _____

Email Address: _____

5. Declaration

I hereby declare that the information provided above is true and complete to the best of my knowledge. I understand that providing false information may disqualify me from receiving assistance.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

This application is to be submitted with the supporting documents listed below:

1. Most recent school report
2. Supporting letter (teacher/community leader, family member etc.)
3. Recommendation letter (principal, mentor, JP etc.)

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