

Odane Cares Foundation  
1935 NW 43<sup>rd</sup> 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:

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

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### 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.)