

Diamond Council of Columbia, Inc.

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SCHOLARSHIP APPLICATION

Parent Name:		Date:
Address:City/St/Zip:		
Phone No.: Home Cell	V	Vork
Email 1)	Email 2)	
Children Requiring Scholarship		
1	_Full:	Partial:
2	Full:	Partial:
3	Full:	Partial:
4.	Full:	Partial:
5	Full:	Partial:
REASON FOR SCHOLARSHIP:		
All Scholarship Applications must be accompanied with a registration form.		
Signature:		Date:

Note: Diamond Council of Columbia, Inc. will not discriminate against any person on the basis of race, creed, national origin, marital status, gender, sexual orientation or disability.