

The Immigrant Education Society (TIES)

Salim M. Sindhu Memorial Scholarship

Application Form

Please complete all required fields of this form clearly and legibly in ballpoint pen.

First Name:	Last Name:	
Address:		Postal Code:
Home Phone #:	Cell Phone #:	
E-mail Address:		

I, the above named applicant, hereby confirm and understand that the information provided by me is true and correct to the best of my knowledge. I further acknowledge that I have read and understand the Rules and Regulations outlined in the application guidelines.

Date: _____

Signature: _____