



**THE IMMIGRANT
EDUCATION SOCIETY**

TIES Founder's Scholarship

Application Form

Please complete all required fields of this form.

| | |
|----------------------------------|------------------------|
| First Name: | Last Name: |
| Address: | Postal Code: |
| Home Phone #: | Cell Phone #: |
| E-mail Address: | |
| Institution Currently Attending: | |
| Program Currently Enrolled In: | Program Year/Semester: |

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: _____