

EDUCATION FOR ETERNITY FOUNDATION INC  
DAVIE, FL 33024

(954) 947-1338 - E-Mail MyEFEF@gmail.com - [www.Edu4Eternity.org](http://www.Edu4Eternity.org)

## Profile for Application for Financial Aid

Complete the application in full and return it to Education For Eternity Foundation Inc at the address listed above.

### STUDENT'S INFORMATION

**Date Submitted:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name Home Phone (with area code)

\_\_\_\_\_  
Address City State Zip

M  F  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Y  N  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Gender Date of Birth Date Baptized Church Membership at

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Church Pastor's name

**Last school attended** \_\_\_\_\_ **during school year** \_\_\_\_/\_\_\_\_

**School you are planning to attend:** \_\_\_\_\_ **School Year:** \_\_\_\_/\_\_\_\_

**Class Level** \_\_\_\_\_ **I am applying for a**  **Grant**  
FR SO JR SR

### PARENT/GUARDIAN/FINANCIAL PROVIDER'S INFORMATION

**Annual Income:** \_\_\_\_\_ **# of dependents attending private schools** \_\_\_\_\_

**Summarize below the reason for your request: Include information about your parent(s) or legal guardian's financial situation, including any extraordinary financial burdens.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

ALL REQUESTS ARE REVIEWED BY THE EDUCATION FOR ETERNITY FOUNDATION'S EXECUTIVE BOARD. APPROVALS WILL VARY IN ACCORDANCE THE INDIVIDUAL'S NEED, AVAILABILITY OF FUNDS AND DEMANDS ON THE FUND.