

# ESTEP FOUNDATION

## SCHOLARSHIP APPLICATION

**eStep Foundation Scholarships are awarded to students who submit the best business plans. The number of scholarships and dollar amount of each scholarship will depend on the number of business plans selected to win an award.**

### **How to Apply:**

To be considered for a scholarship, please do the following:

- Complete this application in its entirety.
- Submit a business plan
- Include the required documents (letters of recommendation and attendance record)
- Send your submissions to:  
*eStep Foundation  
Scholarship Selection Committee  
925 Sanders Road, Suite C  
Cumming, GA 30041*

### **Business Plan Requirements:**

There is no minimum or maximum number of pages required. Here are some examples of what you might want to include in your business plan:

- Executive Summary
- Objectives
- Mission
- Target Market
- Product
- Location
- Financials

### **Guidelines for Eligibility:**

- This is not a national program. Must be a current student in Alpharetta, Lambert, Roswell, or South Forsyth High School.
- No minimum GPA required.
- No minimum SAT or GSAT scores required.
- Two letters of recommendation are required.
- Provide proof of a 90% attendance record for the current school year.

**ESTEP FOUNDATION SCHOLARSHIP APPLICATION  
PLEASE TYPE OR PRINT CLEARLY**



# SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION

Name \_\_\_\_\_

Last

First

Middle Initial

Address \_\_\_\_\_

Street Address

City State Zip Code

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

## EDUCATION INFORMATION

High School \_\_\_\_\_

School Address \_\_\_\_\_

Street Address

City State Zip Code

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Anticipated Graduation \_\_\_\_\_ Attendance % \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Mother's Name \_\_\_\_\_

Last

First

Middle Initial

Address \_\_\_\_\_

Street Address

City State Zip Code

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Last

First

Middle Initial

Address \_\_\_\_\_

Street Address

City State Zip Code

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

I believe all the information provided to be true. I hereby apply for an eStep Foundation Scholarship. I further certify that I have submitted an original business plan.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# RELEASE FORM

## ESTEP FOUNDATION SCHOLARSHIP APPLICATION RELEASE FORM

The following release form must be signed by the student. If the student is under 18 years old, a parent or guardian must also sign the release.

In the event a scholarship is awarded to the applicant below, I hereby consent to the use of my name or my child/dependent's name, photograph (if applicable) and/or copy of my or my child/dependent's business plan or other related material submitted. I hereby release the eStep Foundation, its successor or agents, from any and all claims and causes of action of any kind or nature whatsoever based upon the use of this information or other material as submitted.

I understand the eStep Foundation may use and publish my name or my child/dependent's name, city, date of birth, photograph, business plan, or other related materials submitted on the website and in various promotional, in-service, or other presentations.

I waive any and all claims that I may have on behalf of myself or my child/dependent against the eStep Foundation and release the eStep Foundation from any and all claims and demands.

Name of Student \_\_\_\_\_  
(PLEASE PRINT)

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_  
(PLEASE PRINT - REQUIRED IF STUDENT IS UNDER 18 YEARS OF AGE)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_