

APPLICATION FORM

Name _____
(Last) (First) (Middle)

Mailing Address _____
(Number and Street) (City) (State-Zip)

Name of qualifying parent and his/her affiliation:

Photograph: Please submit a photograph of yourself. This will not be returned. List High Schools, and other schools, colleges or universities attended, giving name, date of attendance and date (month/year) of graduation. Attach most recent academic transcript.

I HEREBY DECLARE that I have read all statements on the application form and that to the best of my knowledge and belief, they are correct and complete. I will be willing to be interviewed regarding this application.

Signature_____Date_____
(Applicant)

Scholarship Committee
C/o EISB Inc.
720 Market Street, Suite 700
San Francisco, CA 94102