

eStep Foundation

"Helping with your first step into entrepreneurship"

www.estepfoundation.com

PLEASE TYPE OR PRINT CLEARLY

Applicant Information

Name _____
Last First Middle Initial

Address _____
Street Address

_____ City State ZIP Code

Telephone Number (____) _____ E-mail _____

Social Security Number ____ - ____ - ____ Date of Birth ____ / ____ / _____

Education Information

High School _____

School Address _____

_____ City State Zip Code

Telephone Number (____) _____ E-mail _____

Graduation Date ____ / ____ / _____ Grade _____ Attendance _____

Parent Information

Mother's Name _____
Last First Middle Initial

Address _____
Street Address

_____ City State ZIP Code

Telephone Number (____) _____

Father's Name _____
Last First Middle Initial

Address _____
Street Address

_____ City State ZIP Code

Telephone Number (____) _____

By submitting and signing this application, I confirm that all the above information is true.

Also, I further certify that I have submitted an original Business Plan.

Signature _____ Date _____

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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: _____
(if student is under 18)
(please print)

Signature of Parent/Guardian: _____

Date: _____

(if student is under 18)