

Educational Fund Application Form

Full First & Last name: _____

Date Of Birth: ____ / ____ / ____ Age: _____

Address: _____

Cell Number: _____ Home Phone Number: _____

Name of Current School Attending: _____

What College/University, Trade School you plan on attending: _____

Church attending (if any): _____

Parent(s)/Guardian Complete first & last name: _____

Complete address: _____

Contact number(s): _____

Signed Release & Verification Form

I understand that by submission of this application I give permission to MDM, Inc., to release my name and photo to the sponsor (MDM, Inc.) for its website, speeches made by President and/or Board of Directors for publicity advertisements.

Signature: _____ Date: _____

Print Name: _____

Parents/Guardian Signature (if under age 18) _____ Date: _____

I acknowledge that all information given is true and accurate to the best of my knowledge. I hereby also acknowledge that any false information will result in immediate termination of my application.

Signature: _____ Date: _____

Print Name: _____

***Application Deadline: May 31st of each calendar year applying