

Conceive A Dream Foundation - 2025 Scholarship Application

Deadline: August 1, 2025
Recipients will be announced by August 15, 2025

SECTION 1: GENERAL INFORMATION (ALL APPLICANTS)

1. Full Name:
2. Date of Birth (MM/DD/YYYY):
3. Email Address:
4. Phone Number:
5. Mailing Address (Street, City, State, ZIP):
6. Age:
7. Gender Identity:
8. Preferred Scholarship Track (select one):
 - ☐ High School Student (Incoming Freshman)
 - ☐ Mother Pursuing Higher Education

SECTION 2A: HIGH SCHOOL STUDENT APPLICANTS

1. Name of High School:
2. Expected High School Graduation Date:
3. Have you been accepted to a college or associate's program?
 - ☐ Yes
 - ☐ No (You must provide proof of acceptance to be eligible)
4. Name of the College/University or Associate Program you plan to attend:
5. Type of Institution (Check one):
 - ☐ 4-Year University
 - ☐ 2-Year Associate Program
6. Intended Major:
7. Career Goals (1-2 sentences):
8. List any other scholarships, grants, or financial aid you have received:
9. In 250 words or less, tell us how this scholarship would benefit you:

SECTION 2B: MOTHERS PURSUING HIGHER EDUCATION

1. Age:
2. Gender Identity:
3. Relationship Status (Check one):
 - ☐ Single

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- ☐ Married
☐ Dating
☐ Cohabiting/Partnered
☐ Other

4. Please list the age and gender of your child(ren):

Do your child(ren) live with you more than half of the year?

5. Current College/University Name:

6. Type of Program (Check one):

- ☐ Undergraduate
☐ Graduate
☐ Professional School

7. Major/Field of Study:

8. Do you hold any previous degrees? (List all that apply):

9. Current GPA:

10. Are you enrolled at least part-time?

- ☐ Yes
☐ No (Must be enrolled at least half-time to qualify)

11. List any other scholarships, grants, or financial aid you are currently receiving:

12. In 250-300 words, tell us how this scholarship would benefit you and your academic or career journey:

13. If your GPA is below 2.5, please provide a brief explanation:

SECTION 3: REQUIRED DOCUMENTS

- Proof of Acceptance or Enrollment Letter
- Transcript or Progress Report (only required for mothers pursuing education)
- Photo ID

SUBMISSION CHECKLIST

- [] Completed Application Form
[] Proof of Acceptance/Enrollment
[] Transcript (if applicable)
[] Written Response/Essay
[] Photo ID

CONSENT & CERTIFICATION

By signing below, I certify that the information provided in this application is true and complete to the best of my

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knowledge. I understand that Conceive A Dream Foundation may use this information to determine scholarship eligibility and may follow up for verification.

Signature: _____ Date: _____