

FESTITALIA SCHOLARSHIP APPLICATION FORM

Please complete the below and submit along with your application.

FULL NAME:

HOME ADDRESS:

TELEPHONE NUMBER:

EMAIL:

CURRENT SECONDARY SCHOOL ATTENDING:

DECLARATION

I, _____ hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false statements or omissions may disqualify me from the bursary consideration.

Signature: _____

Date: _____

PRIVACY STATEMENT

All information collected in this application will be used solely to evaluate candidates for the bursary with the judging panel. Your information will not be shared with any third parties without your consent.