

RAJESWARI ACADEMIC BLOCK

FULL SCHOLARSHIP PARTICIPATION FORM

Registration Form to sponsor rural medical student

Please fill your details below and agree to sponsor one medical student's full education for 5 years.

DATE OF REGISTRATION

 / /

PERSONAL INFORMATION

Full Name :

Email :

Phone :

Desired name for scholarship seat :

(This could be your name or the name of someone you love.

If you are sponsoring more than one seat, you may choose more than one name for each seat)

ADDRESS

Street Address :

City :

State :

Zip Code :

Country :

CHOOSE FULL SCHOLARSHIP PAYMENT INSTALLMENTS

(Amounts reflect sponsorship cost for one student)

One time payment of \$30,000 (USD) (by check or wire transfer)

Yearly payment of \$6000 (USD) for 5 years (by check, wire transfer or online payment)

Monthly payment of \$500 (USD) for 5 years (by check, wire transfer or recurring online payments)

NUMBER OF STUDENTS YOU WANT TO SPONSOR :

METHOD OF PAYMENT

Online by Paypal (for automatic monthly payments, login to individual Paypal account). Payment can be made at: www.dr4dr.org/lets-create-history or www.h2h.foundation/getInvolved

By Check or wire transfer. Address check to H2H foundation and mail to : 3561 Homestead Road, #3146, Santa Clara, CA 95051. Please mention "Full medical scholarship" under comments.

(Contact H2H foundation at info.usa@h2h.foundation or doctor4doctor@h2h.foundation for details of wire transfer)

AGREEMENT

By signing this document, I agree to abide by the Full Scholarship Payment Installments as chosen by me above. I fully understand that failure to make timely installments may jeopardize the medical education of my sponsored student and I may no longer be entitled to the scholarship seat under my chosen name. Further, I understand that this scholarship will last for 5 years.

Please email this form to doctor4doctor@h2h.foundation

Sponsor's Signature

THANK YOU FOR REGISTRATION