

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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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PERSONAL INFORMATION

Full Name :

Email :

Phone :

Desired name for scholarship seat :

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

ADDRESS

Street Address :

City :

State :

Zip Code :

Country :

CHOOSE FULL SCHOLARSHIP PAYMENT INSTALLMENTS

(Contact H2H foundation at doctor4doctor@h2h.foundation for desired changes to your installment plan)

- One time payment of \$125,000 (USD) (by check or wire transfer)
- Yearly payment of \$25,000 (USD) for 5 years (by check or wire transfer)
- Monthly payment of \$2100 (USD) for 5 years (by check, wire transfer or recurring online payments)

AGREEMENT

By signing this document, I agree to abide by the Doctor for Doctor 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 and will be given to one rural medical student.

Please email this form to doctor4doctor@h2h.foundation

Sponsor's Signature

THANK YOU FOR REGISTRATION