

# SCHOLARSHIP PARENTAL CONSENT FORM

Dear Parent or Legal Guardian

Please complete the form below to consent that your child is eligible for a scholarship from Kangan Institute and that you understand all terms and conditions.

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Student's Name

Student's Date of Birth

Parent's Name

Parent's Email

Phone

Address

I hereby consent for my child to be a recipient of:

(name of Scholarship)

through Kangan Institute. I have read and understand the terms and conditions as stipulated on the Kangan Institute website under Special Consideration.

Signature

(Parent/Guardian/Carer)

Date