Bakala Foundation Scholarship Application
Legal Guardian Consent Form

Applicant's full name:_____ **Guardian's full name:**_____

Applicant's date of birth: _____ **Guardian's date of birth:** _____

Consent to Application and Participation

I, the undersigned **Legal Guardian**, hereby affirm that I have read the guidelines and requirements for the **Bakala Foundation Scholarship Program** and

1. I give my **full and informed consent** for the applicant named above to submit an application to the Scholarship Program.
2. I certify that all information provided in this application, including but not limited to academic records, essays, and personal details, is **true and accurate** to the best of my knowledge.
3. I understand that the applicant's participation in the application process and, if selected, in the Scholarship Program, is **voluntary**.
4. I acknowledge that the decision of the Program's selection committee is **final**.

Data Protection Policy

I certify that I have read, understood and I accept the Data protection policy (GDPR).

Legal Guardian Certification and Signature

By signing below, I certify that I am the legal guardian of the applicant named above and have the legal authority to grant this consent.

Guardian Signature:_____

Date:_____