

PARENT OR LEGAL GUARDIAN'S SIGNATURE

SCHOLARSHIP WILL BE GRANTED. PLEASE ALLOW TIME FOR PROCESSING. PARENTS WILL BE NOTIFIED WHETHER OR NOT THE SCHOLARSHIP IS GRANTED. REQUESTED SCHOLARSHIP AMOUNT: REASON FOR APPLYING FOR SCHOLARSHIP: **INFORMATION** STUDENT NAME: _____ STUDENT CELL PHONE: ___ _____ CITY: _____ STATE: ____ ZIP:____ PARENT OR LEGAL GUARDIAN: _____ CELL PHONE____ WORK PHONE: HOME PHONE: _____ EMAIL: ___ STUDENT SIGNATURE DATE

DATE

SCHOLARSHIPS ARE GIVEN OUT ON AN AS NEEDED/FUNDS AVAILABILITY BASIS. APPLYING FOR A SCHOLARSHIP DOES NOT IMPLY OR GUARANTEE A

