

Scholarship Application

Applicant's Name _____

Current Address _____

City, State, Zip _____

Cell Number () _____ Home Phone () _____

Email Address _____

Parent/Guardian Name _____

Parent/Guardian's Address _____

City, State, Zip _____

Cell Number () _____ Home Phone () _____

Email Address _____

Are you employed? Yes ____ No ____

If yes, EMPLOYER'S NAME _____

Employer's Address _____

City, State, Zip _____

Employer's Phone () _____

Employer's Email: _____

I affirm the information that I have provided on this application, or any supportive materials, is complete, accurate, and true to the best of my knowledge. I understand that furnishing false information may result in not being considered or revocation of financial assistance at some later date. I understand that, if selected for a scholarship, you may use my photograph and/or testimonial for promotion and public relations purposes.

Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____

For office use only:

Proof of Income Verified

Approved _____

Date