



Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Are you a citizen of the United States? YES NO Date of Birth: _____

Certify

Parent/Grandparent Name: _____ Agency: _____

I understand I must enroll in an accredited institution by the autumn term of the 2020-2021 school year. YES NO

I understand a check payable to the institution will be mailed directly to the institution during the fall of 2020. YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College/University: _____ Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to scholarship approval, I understand that false or misleading information in my application or interview may result in the forfeiture of my application and associated funds.

Signature: _____ Date: _____