

APPLICANT AUTHORIZATION

I certify that all statements contained herein are true and made in good faith. I understand that the selection of scholarship winners and the determination of the amount of the scholarship will be administered by the selection committee.

Applicant's Signature _____ Date _____

PARENT/GUARDIAN AUTHORIZATION

Name _____

Street Address _____

City/State/Zip Code _____

Phone Number _____

I authorize the release of this information and the participation of _____ in this application process.

Parent/Guardian Signature _____ Date _____

PRINCIPAL/COUNSELOR AUTHORIZATION

Name _____ Date _____

I have reviewed the application and certify that the information is correct, and to the best of my knowledge, the applicant has applied for admission to an accredited U.S. post-secondary institution, trade school, technical school, or apprenticeship program.

Signature _____ Date _____

The selection committee does not discriminate based on race, color, religion, sex, national origin, age, marital or veteran status, disabilities as defined by law, or any other legally protected status.