



SECTION 1: SCHOLARSHIP NAME & SCHOOL COUNSELOR SIGNATURE

Please indicate the name of the scholarship the student has been selected for.

Name of Scholarship: _____

Your signature indicates that the student has been selected based on the eligibility criteria listed for the fund specified above and has been selected according to the process indicated for the fund specified above.

School Counselor Signature

Date

SECTION 2: STUDENT INFORMATION

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

Pronoun: _____ Preferred Name: _____

Street Address: _____ Apt./Unit#: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

School the student will be enrolling in: _____

SECTION 3: PARENT INFORMATION

Parent 1/ Caregiver 1

Relationship to Student: _____

First Name: _____ Last Name: _____

Phone: _____ E-mail: _____

Parent 2/ Caregiver 2

Relationship to Student: _____

First Name: _____ Last Name: _____

Phone: _____ E-mail: _____