

**NAME and AGE OF APPLICANT:**

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• **NAME OF PARENT/LEGAL GUARDIAN 1:** \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

FULL ADDRESS (WITH ZIP CODE):

\_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

OTHER DEPENDANTS NAME AND AGE (only list those who are directly supported by you):

\_\_\_\_\_

• **NAME OF PARENT/LEGAL GUARDIAN 2:** \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

FULL ADDRESS (WITH ZIP CODE):

\_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

OTHER DEPENDANTS NAME AND AGE (only list those who are directly supported by you):

\_\_\_\_\_

• **OTHER SCHOLARSHIP OR EDUCATIONAL FINANCIAL AID THAT APPLICANT HAS RECEIVED IN THE PAST TWO YEARS? (INCLUDE AMOUNTS/SOURCES)**

\_\_\_\_\_

\_\_\_\_\_ (add lines or continue on back if necessary)

**• OTHER PERTINENT INFORMATION TO HELP US DETERMINE NEED (ASSISTANCE YOUR FAMILY RECEIVES, ETC.)**

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(add lines or continue on back if necessary)

**\*PLEASE EXPLAIN WHY THIS SCHOLARSHIP IS IMPORTANT TO YOU AND HOW IT WILL IMPACT YOUR CHILD:**

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**• PLEASE INCLUDE FRONT PAGE OF LAST YEAR'S TAX RETURN, GOVERNMENT STANDARDIZED FINANCIAL AID APPLICATION, PAY STUBS FROM PARENTS' WORK OR OTHER FINANCIAL DOCUMENTS TO SUPPORT YOUR APPLICATION AND HELP DETERMINE ELIGIBILITY.**

I certify that all the information I have provided is accurate. (Parent/Guardian must sign if applicant is under 18)

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Signature

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Date (MM/DD/YYYY)

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Print Full Name

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Relationship to Applicant