By signing this form, I confirm that all information provided in the scholarship request form is true and correct.

**Name of Student:** ____________________________________________

**Signature of Student:** ____________________________________________

**Date:** ____________________________________________

If student is financially dependent on parent(s) or a legal guardian, the following signature(s) is/are required:

**Name of Parent or Guardian #1:** ____________________________________________

**Signature of Parent or Guardian #1:** ____________________________________________

**Date:** ____________________________________________

**Name of Parent or Guardian #2:** ____________________________________________

**Signature of Parent or Guardian #2:** ____________________________________________

**Date:** ____________________________________________