



Scholarship Application

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

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: _____

UC San Diego