



Applicant's Acknowledgment of Understanding

I understand that the cash award for this scholarship is determined by the Auxiliary Scholarship committee and is to be used solely to help finance attendance at an accredited technical college, accredited college or university. I further agree to permit the information provided in and with this application to be shared with the Auxiliary Scholarship Committee for the sole purpose of making a scholarship determination. The award, if granted, will be paid directly to the Applicant (including the school name) prior to commencing attendance.

Signature of Applicant

Date

Signature of parent/guardian

Date

Please print the following:

Name _____

Address _____

Email _____

Parent or Guardian _____

Address _____

Email _____

High School _____

Phone number _____

Graduation Date _____

Principal Name _____

Counselor/Advisor Name _____

Counselor Signature

Date

College _____

Address _____

PLEASE SUBMIT IN THE FOLLOWING ORDER:

- **Form A**
- **Form B**
- **Form C**
- **Form D**
- **High School Transcript**