

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		
Phone & Email		
Parent or Guardian		
Address		
Phone & 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**