

APPLICANT NAME: _____

OPTIONAL PARENT STATEMENT
(COMPLETED BY PARENT/GUARDIAN)

UPON COMPLETION, THIS FORM MUST BE PLACED IN A SEALED ENVELOPE AND INCLUDED IN THE PACKAGE WITH THE APPLICANT'S LETTERS OF RECOMMENDATION, FAFSA REPORT AND TEST SCORES, WHICH MUST BE POSTMARKED BY JANUARY 16, 2017.

ALL INFORMATION PROVIDED ON THIS FORM WILL BE HELD IN CONFIDENCE BY THE SCHOLARSHIP TRUSTEE, ADMINISTRATOR AND COMMITTEE MEMBERS.

PLEASE TYPE OR PRINT IN BLACK INK.

Parent/Guardian Name(s): _____

IN THE SPACE BELOW, PLEASE DISCUSS ANY UNUSUAL OR EXTRAORDINARY PERSONAL, FAMILY OR FINANCIAL CIRCUMSTANCES YOU WISH TO SHARE WITH THE SCHOLARSHIP COMMITTEES.

I hereby certify that the foregoing statement is true and complete to the best of my knowledge and belief.

Parent/Guardian Signature _____ Date _____