

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.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_