

Educational Scholarship Application Form

Student Name _____

Permanent Address _____ P.O. Box # _____

City _____ State _____ Zip Code _____

Phone # 1 _____ E-mail _____

Phone # 2 _____ Parent / Guardian Name _____

High School Name _____

School Address _____ P.O. Box # _____

City _____ State _____ Zip Code _____

Phone # 1 _____ Fax # _____

Advisor's Name _____ Team Website ? _____

High School Graduation Date _____ College / University Seeking ? _____

Authorization to release information:

- (a) In submitting this application, I authorize my high school to make available to WEEVA information concerning my graduation status and living address upon graduation if needed.
- (b) I hereby grant permission to WEEVA to publish my name, the name of my school, the name of my advisor and my picture with a write-up.
- (c) I hereby certify that statements contained herein are true and correct.

<i>Applicant's Signature</i>	<i>Date</i>
<i>Parent/Guardian's Signature (if under 18)</i>	<i>Date</i>
<i>Advisor's Signature (Student was a member)</i>	<i>Date</i>

School Certification: I hereby certify that the academic information submitted on the page is accurate and correct.

1: Applicant's cumulative GPA for grades 9 through 11 _____

2: ACT Composite Score _____

3: Applicant's class rank (after grade 11) is _____ out of _____

Title of School Official

Signature of School Official

Date

Printed Name of School Official

All scholarship applications must be post-marked by June 1st, 2008

Platinum Sponsors

