

Northwestern Mutual Childhood Cancer Sibling Scholarship Affidavit

My name is _____

[Name of Parent/Legal Guardian signing]

I am the parent or legal guardian of _____
(Student Applicant Name)

He/she is the sibling of _____
(Cancer Patient Name) who is currently in treatment, has survived, or has passed away from pediatric childhood cancer.

I understand that Scholarship America and Northwestern Mutual are relying on this information in considering a scholarship award to _____
(Student Applicant Name) and that the scholarship is contingent upon the information contained herein being accurate. I further understand that Scholarship America and Northwestern Mutual reserve the right to revoke the scholarship if the information provided in this Affidavit is inaccurate or false.

I declare that, to the best of my knowledge and belief, the information contained herein is true, correct and complete.

[Parent Signature]

[Date]