

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Form Submission Deadline: October 31, 2019

APPLICANT ID# Applicant ID # _____ (Refer to Applicant ID # provided in email notification from Scholarship America)

**STUDENT
INFORMATION**

Last Name _____ First _____ Middle Initial _____

Current Mailing Address _____

Address Line 2 _____

City _____ State _____ Postal Code _____

Primary Phone (_____) _____ Date of Birth: Month _____ Day _____ Year _____

Email Address _____

High School Graduation Date (expected or actual): Month _____ Day _____ Year _____

**PARENT
INFORMATION**

Parent or Guardian Last Name _____ First _____

Primary Phone (_____) _____ Email Address _____

**ENROLLMENT
INFORMATION**

Name of postsecondary school you plan to attend. **Use official school names. Do not use abbreviations.**

_____ City _____ State _____

The Student will be enrolled: Full-time Part-time Expected college graduation date: Month _____ Year _____

Major or Field of study: _____

**CERTIFICATION
AND RELEASE**

Once submitted, this form becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)

By signing this agreement, I certify that the student will be enrolled full time for the upcoming academic year at the institution indicated above, and that all information reported herein is true and accurate to the best of my knowledge.

I give Scholarship America permission to release the student's home address and/or date of birth to the institution listed to assist as necessary in the proper crediting of the student's award funds.

Parent/Guardian Signature _____ Date _____