P.E.O. Marguerite Scholarship

STUDENT PROFILE and ATTESTATION

Name of Stu			
	First	Middle	Last
Address:		· · · · · · · · · · · · · · · · · · ·	
	Street Address		
	City	State	Zip Code
Cell Phone:		Home Phon	e:
Email:			
Citizen of U	.S.A: Y <u>N</u>	If No, Legal 1	Resident of the U.S.A
Date of Birth	n:		
Name of Hig	gh School:		
Address of H	High School:		
GPA:	(based on 4.00 scale)	Class Rank:	of in class
ACT score:		SAT score:	
The following	ng items must accompany this	Student Profile:	
1. Stude	nt Activity Charts describing	extracurricular and vol	unteer activities.
	-page essay stating your futury. Put your name on the essa		need, and information about your
3. Offici	al high school transcript thro	ugh the 1st semester of t	he senior year.
	etters of reference from those d be in a <i>sealed envelope with</i>		
a		b	
Title:		Title:	

P.E.O. Marguerite Scholarship

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for the scholarship establishes any obligation for the selection committee to award me the P.E.O. Marguerite Scholarship. If I am selected, I understand that either the selection committee or I can terminate my scholarship if I fail to comply with the minimum requirements. I understand that no representative of the selection committee has the authority to make any assurance to the contrary.

I understand that decisions of the selection committee are final and are not subject to appeal. No application feedback will be given.

I understand that to protect the Confidential Information that will be disclosed during the Scholarship period, the Student and the selection committee agrees as follows: Student and the selection committee will hold the Confidential Information received from the Student and the P.E.O. Marguerite's Scholarship Committee in strict confidence and will exercise a reasonable degree of care to prevent unauthorized disclosure to others. Any disclosure made by the selection committee is made for the purposes of selection of the recipient.

I attest with my signature below that I have given to the selection committee true and complete information on this application. No requested information has been concealed. I authorize the selection committee to contact references provided for additional information. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of the scholarship.

Student Signature Required	Parent/Guardian Signature Required if Applicant is under 18
Date	Print Name of Parent/Guardian