

ACKNOWLEDGEMENT AND SIGNATURE

Please review the responses on the scholarship application and agree to the following acknowledgements by signing your name below:

1. My signature confirms that all information provided on this application is accurate and truthful.
2. I authorize school officials to release transcripts of my academic record and other information requested for consideration of the scholarship.
3. I understand that this application will be made available to only those qualified to review for the sole purpose of assessing the scholarship award.
4. If selected, I agree to attend the honoring luncheon on Saturday, June 10, 2023.

Applicant Signature

Date

Guardian Signature (if under 18)

Date

****Please Note:** If any information provided on this application is deemed inaccurate or false, Dr. Anissa McNeil Education Endowment Scholarship Committee reserves the right to rescind your application.