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Certification

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. I understand that falsification of information may result in termination of any scholarship granted.

Applicant signature

Date

Parent or guardian signature

Date

Please return the completed application no later than November 24th to:

Lowell High School

Attn: Mrs. Lisa Nauta, Counseling Office

11700 Vergennes

Lowell, MI 49331

lnauta@lowellschools.com