

SCHOLARSHIP APPLICATION

Print your answers clearly and to the best of your knowledge. Submit this application with your essay.

Full Name of Applicant:

Date of Birth:

Home Mailing Address:

Daytime Telephone Number:

Email Address:

Name of High School:

Mailing Address of High School:

Name of Guidance Counselor:

Phone Number of Guidance Counselor:

School attending/planning to attend in the Fall:

**Proof of acceptance or current student enrollment from above school is required prior to receipt of funds.*

Grade Point Average (GPA):

In submitting this application, I certify that the information provided above is complete and accurate to the best of my knowledge. I acknowledge that falsification of information may result in termination of any scholarship granted. If selected, I agree to furnish sufficient proof of acceptance and enrollment in an institution of higher education; make all necessary arrangements for transmittal of scholarship funds to the proper school or university official regarding payment of my award; and submit transcripts of grades to Bison Giving Back, Inc. immediately upon receipt of the same.

If selected, I authorize Bison Giving Back, Inc. to use my name and essay for publicity purposes.

Applicant's Signature: _____ Date: _____