2012 - 2013 SHPE Foundation Scholarship
Certification and Authorization Form

POSTMARK DEADLINE: MAY 1, 2012

Name			
	LAST	**FIRST**	**MI**

I am submitting my SHPE Foundation Scholarship Program application to be considered for the following scholarship(s):

HS	U	G	P	Scholarship Name	Selection
X	X	X		SHPE Foundation General Scholarships	
			X	SHPE Foundation Professional Scholarships	
		X		SHPE Foundation Dissertation Scholarships	
	X			SHPE Foundation/Northrop Grumman Scholarship	
	X			SHPE Foundation/Verizon Scholarship	

HS=High School; U=Undergraduate; G=Graduate; P=Professional

APPLICATION CHECKLIST- Please check off all completed portions, sign below and mail to:

___ Completed SHPE Foundation Scholarship Application
___ Personal Statement Essay
___ Signed Certification and Authorization Form
___ Official Transcript(s)-Includes community colleges
___ Signed Letter of Recommendation
___ Updated Resume

SHPE Foundation
c/o 2012-13 Scholarship Program
1444 Duke Street
Alexandria, VA 22314

CERTIFICATION AND AUTHORIZATION: (Applicant must sign below to be eligible. Unsigned applications will not be considered).

I affirm that all of the information on this application is true and complete to the best of my knowledge. I certify that I meet all eligibility requirements as specified in the scholarship criteria. I understand that I may only receive one scholarship administered by SHPE Foundation per academic year. I understand that in order to receive the scholarship disbursements, I must maintain satisfactory progress toward my degree as outlined in the scholarship criteria. I understand that application materials become the property of SHPE Foundation and cannot be returned. I hereby authorize SHPE Foundation to utilize information about my application and my likeness for public relations purposes, publicity, sponsorship relations or other scholarship opportunities.

Applicantôs Name _____

Applicantôs Signature _____ Date _____

Parent/Legal Guardianôs Name_____
(If applicant is under 18 years of age)

Parent/Legal Guardianôs Signature _____ Date _____