

CLEAR FORK VALLEY FOUNDATION
STUDENT SCHOLARSHIP APPLICATION

Name: _____ Date: _____

Address: _____ Phone #: _____

Age: _____ Birth date: _____ Soc. Sec. #: _____

Grade level: _____ School: _____

Mother's name: _____ Occupation: _____

Address: _____

Father's name: _____ Occupation: _____

Address: _____

List siblings names and ages: _____

Extra curricular activities (include school and community): _____

Name/title of course: _____

Course offered by: _____ Date of course: _____

Short description of the course: _____

What do you hope to achieve by taking this course: _____

Will you attend this program if not partially funded by Clear Fork Valley Foundation: _____

Tuition amount: _____ Tuition due date: _____

Amount requested from Clear Fork Valley Foundation: _____

Have you applied for or received any other financial assistance (source and amount): _____

Please include a copy of any brochure/pamphlet that you might have which would give us additional information about the course you wish to take. Thank you.

Clear Fork Valley Foundation
AUTHORIZATION AND RELEASE

I, _____, born on _____, 19__, having filed an application/entry for a scholarship/contest with the Clear Fork Valley Foundation (Foundation) hereby authorize and consent to having an investigation made as to my qualifications for such scholarship/contest by the Foundation. I authorize the Foundation or any of its agents to seek any information which it may deem relevant from any personal references, any scholastic institution I have attended, and any other person, firm or institution which the Foundation may deem to have information relevant to obtaining information in regard to my application/entry for scholarship/contest This authorization also permits any person, firm, company, or other institution contacted by the Foundation to release the necessary information and to provide copies of any and all documents, records, or other information requested by the Foundation.

I hereby release, discharge and exonerate the Foundation, any of its members and trustees, and any agents. representatives of employers and any person furnishing information requested with regard to my application/entry, for scholarship/contest from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or other information of the investigation made by the Foundation.

I agree that all decisions of the Clear Fork Valley Foundation's Board of Trustees are final. Further, I agree and understand that all materials submitted with an application/entry become the property of the Clear Fork Valley Foundation, that the Foundation has the right to use said materials to raise funds for their educational programs, and that no financial obligation exists between the Foundation and myself for said use of such materials.

Further, I understand any awards not collected within nine months of being awarded will be forfeited and revert back to the Foundation.

Signed this __ day of _____, 20__ . _____
(Signature of applicant/entrant)

Signed in presence of:

(Witness) (Witness)

The undersigned, parent(s)/guardian of the applicant/entrant a minor (under 18 years of age on date signed) does/do herewith join in the signing of this AUTHORIZATION AND RELEASE on the same terms and conditions as if fully rewritten for my/our signature(s).

Signed this __ day of _____ 20__ .

Signed in presence of:

(Witness) _____
(Signature parent/guardian)

(Witness)

Submit this completed application to: Clear Fork High School Guidance Department
MAIL: 987 State Route 97, Bellville, OH 44813 PHONE: 419-886-2962