PLEASE READ THE FOLLOWING SECTION CAREFULLY BEFORE SIGNING AND SUBMITTING THIS APPLICATION.

My signature below verifies that all of the information contained in this application is true and accurate. I agree to maintain standards of good citizenship and to obey the laws and regulations of the land and the educational institution I am attending. I understand that this scholarship may be revoked if I am unable to maintain these standards.

I also understand that if I withdraw or am suspended from school for any reason, other than a medical release from a doctor, I am responsible to repay the award in full before being eligible to receive additional scholarships. Any changes in my personal (address, change in school, etc.) or academic (full-time or part-time, suspension, withdrawl, etc.) status, require notification to Tonalea Chapter Administration immediately. Failure to do so may result in termination of my scholarship.

I hereby give permission to Tonalea Chapter Administration to access any financial and academic information on file in any office.

_________________________  ___________________________  ___________________________
Print Name                    Applicant Signature                        Date

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

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<th>Semester of Funding</th>
<th>Status: FT/PT</th>
<th>Total Hours</th>
<th>Award Amount</th>
<th>Cum. GPA</th>
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Vacant, Administrative Assistant       Marlinda Whiterock, Chapter Manager    Delores Claw, Secretary/Treasurer