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				
Semester of Funding:	**Status: FT/PT**	**Total Hours:**	**Award Amount:**	**Cum. GPA:**

Vacant, Administrative Assistant	Marlinda Whiterock, Chapter Manager	Delores Claw, Secretary/ Treasurer