



## SCHOLARSHIP COMMITTEE APPLICATION

1. Name: \_\_\_\_\_
2. Please list all other names (first and last) by which you have ever been known:  
\_\_\_\_\_
3. Home Address: \_\_\_\_\_  
\_\_\_\_\_
4. Phone: \_\_\_\_\_ home  
\_\_\_\_\_ work  
\_\_\_\_\_ cell
5. Preferred Email: \_\_\_\_\_
6. Date and location of Birth: \_\_\_\_\_
7. Social Security Number \_\_\_\_\_
8. Drivers License Number and state of issuance:  
\_\_\_\_\_
9. Please attach a current resume.
10. Attach a personal statement about why you would like to serve on the Scholarship Committee.

***I hereby authorize a credit and background check by Shee Atiká. I consent to the use and disclosure of the information obtained by Shee Atiká in such manner as Shee Atiká deems appropriate and I release Shee Atiká from any liability otherwise associated with such use.***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

