



AHEPA 215 Family Scholarship Certification

Applicant

I hereby certify that all of the information included in this application is true and accurate to the best of my knowledge.

Date: _____ Name: _____

Parent/Guardian

Date: _____ Name: _____

High School Principal/Counselor Endorsement:

In regard to the foregoing application of _____

I certify that the following information is correct:

Class Size _____ Class Rank _____ Grade Point Average _____

Name: _____ Title _____
(please print)

Signature: _____