



## AHEPA 215 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 Average

Name: \_\_\_\_\_  
(please print)

Title \_\_\_\_\_

Signature: \_\_\_\_\_