



Break the Chain  
*Foundation*

**APPLICANT'S GENERAL INFORMATION**

Class Rank: _____ out of _____	Weighted GPA: _____	SAT Verbal: _____
Student #: _____	Unweighted GPA: _____	SAT Math: _____
ACT Composite: _____		SAT Writing: _____

Name of Applicant \_\_\_\_\_

\_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Last four digits of your SS# XXX-XX-\_\_\_\_\_

Applicant's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

High school currently enrolled in \_\_\_\_\_

Email Address (**print clearly**) \_\_\_\_\_

Do you intend to work while attending college?    Yes  No

Do you work now?    Yes  No

Scholarship Application

What family responsibilities do you now have? \_\_\_\_\_  
\_\_\_\_\_

What are your career goals? \_\_\_\_\_  
\_\_\_\_\_

Please list the colleges/universities/trade schools to which you have applied:

UNIVERSITY/ COMMUNITY COLLEGE NAME	Major	Minor

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**



**CERTIFICATIONS AND AUTHORIZATIONS**

All of the information provided on this form is true and complete to the best of my knowledge. I certify that I am a senior in high school enrolled in or applying for enrollment at an accredited post-secondary institution for the 2009-2010 academic year. I hereby authorize Break the Chain Foundation to utilize information about my application and my likeness for publicity and public relations purposes.

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Student Signature

Date

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Parent/Guardian Signature *(Required if applicant is under 18 years of age)*

Date

I understand that if I do not graduate from high school by meeting all standards set forth by the School District that I will forfeit this scholarship should it be awarded to me. I also agree that all parts of the application are retained as property of Break the Chain Foundation.

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Student Signature

Date

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Parent/Guardian Signature *(Required if applicant is under 18 years of age)*

Date

**AUTHORIZATION FOR RELEASE OF RECORDS**

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to school officials to release the school records and other requested information for consideration in Break the Chain Foundation Scholarship Program.

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Student Signature

Date

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Parent/Guardian Signature *(Required if applicant is under 18 years of age)*

Date

**Your application will not be reviewed without this document**