

Hamilton County Public School Foundation: Nutrien Scholarship Requirement \$1000

My signature below attests that, to the best of my knowledge, the information provided in this application is correct and true.

Furthermore, I release the contents of the enclosed application packet to the Hamilton County Public Schools Foundation. I agree in the event I am chosen for the scholarship provided by the Hamilton County Public School Foundation I must provide the board with a copy of my registered classes from the college of my choice and any other documents requested by the board to verify I will be attending post-secondary education before scholarship funds will be relinquished. I agree to use my scholarship funds to further my education.

I understand that if I do not request or use scholarship funds awarded by the foundation by Spring Semester after graduation from Hamilton County High School I will relinquish this scholarship.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____