

SOCIETY OF STUKELY WESTCOTT DESCENDANTS of AMERICA

Scholarship Program - 2016

“Raising future generations on the foundation of our ancestry”.

SCHOLARSHIP APPLICATION, PART 2

PARENTAL AGREEMENT

PARENT / SOCIETY MEMBER'S NAME

STREET ADDRESS

CITY / STATE / ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

SCHOLARSHIP APPLICANT'S NAME

I certify that I am the parent of the above named applicant, that I have been a member of the Society of Stukely Westcott Descendants of America for at least two years, that my dues are paid up-to-date, and that I am in agreement with the scholarship applicant's submission to be associated with my Society membership.

PARENT'S SIGNATURE

DATE OF SIGNING