



SECONDARY SCHOOL SCHOLARSHIP APPLICATION

I hereby make application for Ariza Credit Union funded Scholarship on behalf of my

Son, Daughter or Ward (check applicable box)

1. Name of Child
2. Sex of Child Male Female
3. Date of Birth (MM/DD/YYYY)
4. Last school attended.....
5. Position in Common Entrance.....

	Mother/Guardian	Father/Guardian
Name of Parent		
Occupation		
Name of Employer		
Monthly Salary		
Other Income		

6. Address of Employer:
 Telephone.....Fax
7. Name of Applicant.....
8. Home Address.....
 Telephone (H)..... Cell
- Email.....
9. No. of dependents.....
10. Signature of Applicant.....