

2017 SCHOLARSHIP PROGRAM APPLICATION

CERTIFICATION INFORMATION FOR CHILDREN OF AGENCY STAFF MEMBERS

FAMILY INFORMATION

Name of Parent or Guardian: _____

Agency Name: _____

Parent / Guardian's Position
In the Agency: _____

Date of Employment: _____

STATEMENT OF FINANCIAL NEED

Number of minor children living at home: _____

Single parent household: Yes _____ No _____

Total Annual Household Income:

_____ Under \$15,000 _____ \$15,000 - \$24,999 _____ \$25,000 - \$41,999

_____ \$42,000+

AGENCY CERTIFICATION

I hereby certify that a parent or legal guardian of _____,
(Applicant Name)

is a member of the staff of the _____
(Agency Name)

Signature of Administrator / Executive Director
(Must be a current member of OKNAHRO)

Date