

Thank you for your interest and your desire to participate in this rewarding, life-changing educational experience.

Our desire regarding financial assistance here at August Network is to provide a stipend to as many students in need as we can.

In order for us to make wise decisions regarding the distribution of limited scholarship funds and to assist you to the fullest, we need to know some additional information.

Please note that this information is kept in the strictest confidence.

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Daytime Phone: _____

GPA at the undergraduate level: _____

GPA at the graduate level: _____

I certify, under penalty of perjury, that the information reported on this form and any attachments hereto is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

- Action: Approved
- Pending: More information is needed to grant your request
- Denied: Your request has been denied for the reason listed below:

Reason: _____

X: _____ Date: _____