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**This form is to be completed and attached to the other required information when applying for the 2015-2016 Sweet Caroline Scholarship - Deadline: May 15, 2016**

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| Full Name: | Phone: ( ) |
| Address: | Email: | Date of birth:  |
| Name of Parent or Guardian (if under 19): |
| How did you hear about the Sweet Caroline Scholarship? | Address of Parent/Guardian (if under 19):  |
| High School/Post Secondary Institution currently attending: |
| Name of Institution you plan to attend 2015-2016: |
| Degree/Diploma Sought: | Length of Course: |

Please provide Sweet Caroline Foundation with 2 references.

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| **Name and Title** | **Phone Number** |
| **1.** |  |
| **2.** |  |
| I hereby agree to notify the Education Committee Chairperson of changes to my educational plans that would affect my eligibility for this scholarship and certify that the above information is correct. I authorize that my submission may be used as part of Sweet Caroline presentation/education/website materials and that all information submitted become the property of Sweet Caroline Foundation and cannot be returned.  |
| Signature of Applicant: |  |