****

**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**

|  |  |  |
| --- | --- | --- |
| 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.

|  |  |  |
| --- | --- | --- |
| **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: | |  |