

Rexannas's Foundation for Fighting Lung Cancer – Signature Verification Page 2009

Please complete all the applicant sections, and then have the others complete their sections. Please PRINT all information except signatures. This form needs to be faxed by to the following:

Rexanna's Foundation Scholarship Committee
Fax #281-251-8120

Applicant Section:

Student's name (Last, First, Middle):

Student's Address:

City:

State:

Zip:

Telephone:

Date of Birth

Gender

Name of High School:

Graduation Date:

School Address:

City:

State:

Zip:

I understand all materials provided within the scholarship will not be returned to me. If awarded the scholarship, I understand I will be permitting Rexanna's Foundation to use my photo for posting on their website. I am aware that information supplied by all applicants may potentially be used anonymously for future marketing activities.

Applicant Signature:

Please Print Name:

Date:

Parent / Guardian Section:

Please have your parent or guardian complete the following:

Name:

Address:

City

State:

Zip

I understand that my son/daughter has applied for the Rexanna's Foundation student scholarship.

Parent / Guardian Signature:

Please Print Name:

Date: