

**Kiker Elementary PTA's Dr. Lori Schneider Scholarship for High School Graduates
Student / Parent Authorization Form**

I have completed the Application Form, submitted a resume and hereby authorize the Kiker Scholarship Selection Committee to access and review my records as necessary and/or contact the organizations listed to verify the information submitted. I understand if I am selected for a scholarship my full name will be released and posted on the Kiker PTA website for a minimum of two (2) years.

Today's Date _____

STUDENT NAME _____

Student Email _____

Signature _____

(If student is under 18 years of age)

PARENT NAME _____

Parent Email _____

Signature _____

Email and signatures must be on THIS FORM and the scholarship application must be complete in order to be eligible for consideration.