

**KELLENBERG MEMORIAL HIGH SCHOOL
FINANCIAL AID SCHOLARSHIP PROGRAM**

Student's Name: _____

Year of Graduation _____ Date _____

This Scholarship Program is for families who experience the loss of a parent or guardian who is a source of financial support for the student enrolled in our school. Two names of parents or guardians may be registered for this financial aid scholarship program.

1. The names of the parents(s) or guardian(s)
2. The relationship to the student of the person indicated
3. Sign where indicated.
4. **If this form is not signed by both parents/guardians please explain below.**

1. Name: _____
(please print)

2. Mother Stepmother Guardian

3. _____
(Signature of mother or guardian)

1. Name: _____
(please print)

2. Father Stepfather Guardian

3. _____
(Signature of father or guardian)