

**KELLENBERG MEMORIAL HIGH SCHOOL
FINANCIAL AID SCHOLARSHIP PROGRAM
2016-2017 SCHOOL YEAR**

Student's Name: _____

Year of Graduation: _____ Date: _____

This Scholarship Program is for families who experience the death of a parent or guardian who is a source of financial support for the student while enrolled in our school. Two names of parents or guardians may be registered for this financial aid scholarship program. Any scholarship grant shall be on a charitable basis and be at the sole discretion of Kellenberg Memorial

Parent/Guardian 1 -

Name: _____
(Please Print)

Relationship ___ Mother ___ Stepmother ___ Guardian

(Signature of mother or guardian)

Parent/Guardian 2 -

Name: _____
(Please Print)

Relationship ___ Father ___ Stepfather ___ Guardian

(Signature of father or guardian)

If this form is not signed by both parent(s)/guardian(s) please explain below.