MUUSA Scholarship Supplemental Application Form

Please fill out the form below with the names and dates of birth of all people for whom you are submitting this scholarship application. Please list the name of the household member who filled out the application forms on the first line.

Applicants:

Last Name	First Name	Date of Birth	Age Group (committee use only)	Housing (committee use only)

I understand and agree to the following:

1) I grant the MUUSA Scholarship Committee the ability to access and view this supplementary form.
2) I understand that scholarships are limited and cannot be guaranteed, and that if I submit an incomplete application I will not be eligible to receive a scholarship.
3) I recognize that my family and I should not make any travel or financial plans on the assumption that I will receive a scholarship or any specific scholarship amount until I have received written (via email or letter) confirmation of their scholarship award.
4) I certify that all information provided in my application is correct.

_____ _____ _____

Printed Name of Applicant Signature of Applicant Date

Acknowledgement of Completed Application

_____ _____

Signature of Trout Lodge Staff Member Date of Receipt

_____ _____

Signature of Scholarship Committee Coordinator Date of Receipt