WTS Transportation YOU High School Scholarship

1. I am aware that my student is applying for the WTS Transportation YOU High School Scholarship.

 [ ]  Yes

 [ ]  No

1. I confirm that I am the Parent and/or Legal Guardian of the student applying for this scholarship.

[ ]  Yes

 [ ]  No

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_