

Eta Phi Beta Sorority, Incorporated, \_\_\_\_\_



**SCHOLARSHIP APPLICATION FOR SPECIAL NEEDS**

Parental Consent to Release Information

To Whom It May Concern:

My son/daughter \_\_\_\_\_ has applied to the Educational & Charitable Foundation of Eta Phi Beta Sorority, Incorporated, Grand Chapter for a Special Needs Scholarship. I am confirming that he/she has an Individualized Education Plan (IEP) or a 504 Plan with:

High School \_\_\_\_\_

City & State \_\_\_\_\_

Name of Student \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address/City/State \_\_\_\_\_

Email \_\_\_\_\_

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

Date: \_\_\_\_\_

**(If a student is 18 years old and can independently sign for themselves, please have them sign here.)**

Student \_\_\_\_\_ Phone \_\_\_\_\_

Address/City/State \_\_\_\_\_

Email (if applicable) \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form with your application.