

Rexannas's Foundation for Fighting Lung Cancer – Signature Verification Page 2012

Please complete all the applicant sections, and then have the others complete their sections. Please PRINT all information except signatures. Please mail form to:
Rexanna's Foundation, P. O. Box 328, Mansfield, TX 76063

Applicant Section:

Student's name (Last, First, Middle):

Student's Address:

City:

State:

Zip:

Telephone: Date

of Birth

Gender

Name of High School:

Graduation Date:

School Address:

City:

State:

Zip:

I understand all materials provided within the scholarship will not be returned to me. If awarded the scholarship, I understand I will be permitting Rexanna's Foundation to use my photo for posting on their website. I am aware that information supplied by all applicants may potentially be used anonymously for future marketing activities.

Applicant Signature:

Please Print Name:

Date:

Parent / Guardian Section:

Please have your parent or guardian complete the following:

Name:

Address:

City

State:

Zip

I understand that my son/daughter has applied for the Rexanna's Foundation student scholarship.

Parent / Guardian Signature:

Please Print Name:

Date: