



## Dependent Relationship Form

I confirm that \_\_\_\_\_ (Print Scholarship Applicant Name)  
is my dependent and is currently attending or has been accepted to an accredited community college  
or four-year college or university in the United States.

Is the Scholarship Applicant a U.S. Citizen or Legal Permanent Resident?  Yes  No

My current occupation is \_\_\_\_\_ (Please Print)

**Signature of parent or legal guardian:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent or Legal Guardian Name (please print)** \_\_\_\_\_

**Address** \_\_\_\_\_