

Academy for Lifelong Learning Scholarship

Fill out and send this signature page to: **ALL, P.O. Box 923, Corvallis, OR 97339**

Name: _____
Last First Middle Initial

OSU ID NUMBER: _____ - _____ - _____

Certification, Signature & Release:

By signing and dating this application, I certify that all information I have provided is true. I agree to provide proof of the information on this application if requested. Any information you provide to the scholarship committee will be considered confidential and will be used for the sole purpose of scholarship selection.

Signature: _____ Date: _____

The ALL Scholarship Committee will select and recommend the recipient(s) to the Board for approval at its May meeting.