



SCHOLARSHIP FOUNDATION *of the* PACIFIC

APPLICATION FORM

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Preferred Communication: phone email

Graduating High School: _____

Release and Waiver: In consideration of being allowed to participate, I hereby release and discharge Scholarship Foundation of the Pacific its officers, directors, employees, volunteers, and agents from any and all claims, actions, damages, liabilities, costs, and expenses arising out of or in connection with my participation.

Signature: _____

Name: _____

I give the members of the Scholarship Foundation of the Pacific awards committee permission to receive information from SFU regarding the status of my application for admission.

Signature: _____