**Delaware County PASR Educational Support Scholarship Award**

**ACCEPTING RESPONSIBILITY**

**Please read carefully and acknowledge your understanding of the statements of this agreement.**

**NAME of APPLICANT:**

I certify that all the information submitted is correct to the best of my knowledge.

I agree that the Award Committee Chairman for the purpose of media publicity may release general information about me.

I acknowledge that the submission of this application is and was my sole responsibility.

I authorize the school or its employees to release any necessary information for this application.

I understand that the information submitted is confidential, and thus will be used only by the Delaware County PASR Award Committee, and that it cannot be returned.

I understand that the award will be paid directly to the college or university of my choice to meet appropriate college expenses.

I agree to submit on request a report of my first year’s work at the college or university that I have chosen.

APPLICANT’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_