

CHAMINADE HIGH SCHOOL - TREASURER'S OFFICE
2018-2019
TUITION SCHOLARSHIP REGISTRATION FORM

Student's Name _____ **Year of Graduation** _____ **Date** _____

The scholarship is awarded for parents or legal guardians of all students enrolled at *CHAMINADE*. Please print in ink below: 1) the name of the parent/s or guardian/s; 2) indicate relationship; 3) sign where indicated.

MOTHER

1. Print Name _____

Indicate relationship:

2. Mother _____ Stepmother _____ Guardian _____

3. _____
Signature of Mother/Stepmother/Guardian

FATHER

1. Print Name _____

Indicate relationship:

2. Father _____ Stepfather _____ Guardian _____

3. _____
Signature of Father/Stepfather/Guardian