

CHAMINADE HIGH SCHOOL - TREASURER'S OFFICE

2019-2020

TUITION SCHOLARSHIP REGISTRATION FORM

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

FATHER

1. Print Name _____

1. Print Name _____

2. *Indicate relationship:*

Mother ____ Stepmother ____ Guardian ____

2. *Indicate relationship:*

Father ____ Stepfather ____ Guardian ____

3. _____

Signature of Mother/Stepmother/Guardian

3. _____

Signature of Father/Stepfather/Guardian