

Application #	
PLEASE HAVE YOUR EMPLOYER COMPLETE THIS FORM	
This is to certify that,	
is paid gross (before any deductions) cash wages in the amount of \$	
weekly / bi-weekly / every-other-week / monthly.  Circle One	
Under penalties of perjury, I certify that the information presented is true and accurate to the best of my knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of the scholarship application or revocation of a scholarship award.	
Name & Title of Employer or Employer Representative (Please Print)	
Signature of Employer or Employer Representative Date	