

ATTESTATION OF FINANCIAL NEED

_____ (Applicant) is applying for a Geraldine Bagley Foundation Scholarship.
(name of Applicant)

Applicant, or Applicant’s legal guardian if Applicant is under 18 years old, hereby agrees, affirms, and attests that: without receiving the scholarship, it would create a financial hardship for Applicant to pay the tuition costs required to pursue higher education beyond high school or GED equivalency; that Applicant will notify the Geraldine Bagley Foundation Scholarship Committee if there is any material change in the financial circumstances of Applicant; that any statements on this Attestation are true and accurate to the best knowledge of the signatory; and that providing false, misleading, or materially omitted information, or a material change in financial circumstances that makes the statements herein false or misleading, may result in the termination of any scholarship award in the sole determination of the Geraldine Bagley Foundation Scholarship Committee.

If Applicant is 18 years old or older:

| | | |
|---------------------------------|------------------------------------|---------------|
| _____ Signature of Applicant | _____ Printed Name of Applicant | _____ Date |
|---------------------------------|------------------------------------|---------------|

If Applicant is under 18 years old:

| | | |
|---|--|---------------|
| _____ Signature of Applicant’s Legal Guardian | _____ Printed Name of Applicant’s Legal Guardian | _____ Date |
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