

APPLICATION CERTIFICATION

(If under 18 years of age, parent signature required)

I hereby certify that the information provided in this application is accurate and complete to the best of my knowledge. I authorize SALEF to verify any information submitted as part of this application. I understand that any falsifications will result in the disqualification of my application.

I understand that any changes in school and/or enrollment status must be reported to SALEF, failure to comply may lead to disqualification of my scholarship award if selected as a recipient.

I give SALEF permission to release my name, institution, essay, and photograph for promotional purposes, if selected to receive the *Dream* Scholarship recipient.

Applicant Printed Name: _____

Signature: _____ Date: _____

Parent Printed Name: _____

Parent Signature _____ Date: _____

RELEASE AUTHORIZATION FORM

I, the undersigned, authorize the Salvadoran American Leadership and Educational Fund to reprint my personal statement and/or photograph for all rights, including but not limited to advertising/marketing, reports, newsletters and other publications.

I understand that my personal statement may be edited for grammar, clarity and/or suitability, as deemed necessary.

I understand that my personal statement and/or photograph may or may not be used and that my photograph will not be returned.

I understand that if I am selected I will comply with all the terms and conditions

Printed Name: _____ Date: _____

Signature: _____ Date: _____