

Parent/Guardian 1

Name: _____
(Last Name) (First Name) (M.I.)

Phone Number: _____

Email: _____

Address: _____
Street City State Zip

Occupation / Title: _____

Employer: _____

Check if student lives with parent 1

Parent/Guardian 2

Name: _____
(Last Name) (First Name) (M.I.)

Phone Number: _____

Email: _____

Address: _____
Street City State Zip

Occupation / Title: _____

Employer: _____

Check if student lives with parent 2

Student

Name: _____
(Last Name) (First Name) (M.I.)

Email: _____

Grade: _____ School: _____

Services Requested

- Test Prep
- Educational Planning Services
- Academic Tutoring
- Essay Assistance

For income verification, please attach either the first two pages of your 1040 tax form, or the official financial aid letter from your school

Statement of Confidentiality

We (parent and student) have reviewed and agree to PrepMatters policies and procedures. Additionally, we agree to maintain strict confidentiality concerning the terms of the scholarship from PrepMatters for _____ (print student's name). We understand that our failure to do so may result in termination of the scholarship, in which case I (parent) agree to pay the full cost for all scholarship services received from PrepMatters.

Parent 1 Signature: _____

Date: _____

Parent 2 Signature: _____

Date: _____

Student Signature: _____

Date: _____

