



IEP Heritage Scholarship Form

PLEASE COMPLETE AND RETURN WITH YOUR APPLICATION

NAME: _____

PROGRAM APPLYING FOR: _____

DATES OF PROGRAM: _____

HERITAGE RELATIONSHIP* (Grandfather, Mother, etc): _____

In the space below please describe why you feel the Heritage Scholarship is a great opportunity for you.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

*Please include a copy of your birth certificate and/or any supporting evidence of your heritage relationship.