

2020 General Program Scholarship Application
Certification Form

Instructions

1. Print this form & have the applicant and CHP employee parent sign it
2. Take a clear photo or scan of your completed form
3. Save the file as a PDF or image and name the file as "**ApplicantLastName, FirstName_cert**"
4. Upload your file where prompted within your scholarship application

Applicant Certification

(must be completed by applicant)

By signing below, I certify and acknowledge that I am a son/step-son, daughter/step-daughter, or other legal dependent of a current CHP employee or retiree.

Applicant Name _____ **Signature** _____
*(please print clearly) (digital or typed signatures are **not** valid)*

CHP Employee Certification

(must be completed by CHP employee/retiree)

By signing below, I certify that I am a current or retired CHP employee, and am aware that my son, daughter, or legal dependent listed above is applying for an 11-99 Foundation scholarship.

CHP Employee Name _____ **Signature** _____
*(please print clearly) (digital or typed signatures are **not** valid)*

Your scholarship application will be voided if this form is incomplete or unsigned.

As a reminder, the application deadline is **March 15**



CHP 11-99 Foundation

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