

# Mm Ee Ff

McKinney Education Foundation

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## Parent Signature Form

Date \_\_\_\_\_ Applicant's name \_\_\_\_\_

By signing this signature form, I am certifying that:

- I am aware that my son/daughter is applying for an MEF scholarship application.
- I reviewed the information on my son/daughter's MEF scholarship application and found it to be correct.
- My son/daughter has my approval to submit his/her completed MEF scholarship application.

### **Mother (in household) contact information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Email \_\_\_\_\_

Mother signature  
(parent in household)

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### **Father (in household) contact information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Email \_\_\_\_\_

Father signature  
(parent in household)

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