

Supplementary Data

1. Will you give the Laredo Independent School District permission to release your application to the school or other scholarship review committees in order to enhance your chances of obtaining a scholarship? ____Yes ____No
2. I, _____ hereby give authorization to LISD to release my name and award to the media as needed, in keeping with the educational philosophies of this and/with other foundations.
3. Applicant Signature: _____ Print Name: _____
4. (Optional) Indicate any other pertinent information concerning the financial assets and other obligations of your family that would be helpful to the Student Application Committee assessing your financial need for assistance requested.
5. Essay **“How I will use the scholarship to further my education.”** (Please use space below or attach typed document.)