

Educational & Charitable Foundation
Eta Phi Beta Sorority, Incorporated, _____



**SCHOLARSHIP APPLICATION FOR
SPECIAL NEEDS**

Parental Consent to Release Information

To Whom It May Concern:

My son/daughter _____ has applied to the Eta Phi Beta Sorority, Incorporated, _____ for a Special Needs Scholarship. I am confirming that he/she has an Individualized Education Plan (IEP) or a 504 Plan with:

High School _____

City & State _____

Name of Student _____

Signature: _____

Position: _____

Name of Parent/Guardian _____ Phone _____

Address/City/State _____

Email _____

Parent/Guardian Signature _____

Date: _____

(If a student is 18 years old and can independently sign for themselves, please have them sign here.)

Student _____ Phone _____

Address/City/State _____

Email (if applicable) _____

Signature _____

Date: _____

Please return form to: _____
