

Signature Page

Yvonne Ballentine Scholarship Application

This page must have original signatures of the current PTA/PTSA President, the student and parent/guardian (if student is under 18).

Student Name

PTA/PTSA Name

Local unit PTA president verification:

I verify that the above-named student participated in the Reflections program at our school and is eligible for the Yvonne Ballentine Memorial Reflections Scholarship Program.

Signature: _____ Date:

Print Name:

Student:

I affirm that these entries are my own original work. I grant Alabama PTA permission to use my likeness and my work for commercial or non-commercial use, including but not limited to public presentation of work in print, electronic, and multimedia formats to promote the **Reflections** program. I understand submission of my entry constitutes acceptance of these conditions.

Signature: _____ Date:

Print Name:

Parent/Guardian please sign if student is under 18 years of age:

Signature: _____ Date:

Print Name:

