By signing below, I attest that the information included in this application is accurate and subject to verification. I authorize the application committee to contact my school or references to verify my information, if necessary. Additionally, if I am selected as a recipient, I understand that I must submit proof of acceptance to a full-time postsecondary accredited school program (college or university), for the fall semester of the current year, prior to distribution of the award. If I am unable to provide such proof, I willingly forfeit my right to receive the award. With the acceptance of the award, I grant permission to the TAP Foundation to use my name and picture in press releases. I further grant permission to have this information posted on the TAP Foundation website (www.tap-foundation.com) and social media pages. I acknowledge that all information submitted is non-returnable.

_____/_____
Student Signature Date

_____/_____
Parent or Guardian signature if student is a minor Date

For Office Use Only:

Application postmarked date _____