

SPX Scholarship General Information Form

Parent/Guardian: Last Name	First Name	Middle Initial
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Address	City	State	Zip Code
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Email Address	Home Phone	Mobile Phone
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Please list all children:

Student: Last Name	First Name	School	Grade for 2024-2025
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Student: Last Name	First Name	School	Grade for 2024-2025
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Student: Last Name	First Name	School	Grade for 2024-2025
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Student: Last Name	First Name	School	Grade for 2024-2025
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Student: Last Name	First Name	School	Grade for 2024-2025
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Parent or Guardian Signature: _____	Date: _____
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Are you the financially responsible party? Yes No

If not, please name: _____