



ACTE AZ SCHOLARSHIP ASSURANCES/SIGNATURES FORM

This form is required to be completed and signed with the appropriate signatures to be able to proceed to the scholarship judging. No digitally created signatures allowed – must be handwritten signature.

Name of Student Being Nominated:	
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ACTE AZ ASSURANCE/SIGNATURE

I nominate this CTE student for an ACTE AZ Scholarship and have written a nominating letter to be included with the application. I am not submitting nominations for more than 2 students. **I understand my letter must be on letterhead and must be signed with a handwritten signature (no digitally generated signatures accepted).**

Nominator:	Nominator Signature:
Phone:	E-Mail:

SCHOLARSHIP MONIES and RELEASE OF INFORMATION

Scholarship Monies

A handwritten signature (no digitally generated signatures accepted) below indicates you understand that the scholarship monies must be used by June 30, 2025. If not used during this time frame, the monies will remain in the scholarship fund to use for another student. All information contained is accurate.

Release Information

By asking to be considered for an ACTE AZ scholarship you are giving your consent for ACTE AZ to release your personal information to ACTE AZ Affiliates, CTEDs, and Community Colleges who will be considering you for scholarships. This includes, but is not limited to, your application information (resume, letter, etc.), GPA, letter of recommendation, etc. Also, should you be selected to receive a scholarship, ACTE AZ or its affiliates may request updates of your progress and attendance in school. Only affiliates seriously considering you for scholarships and approved by ACTE AZ may have access to this information and no information will be provided to any other outside sources.

Student Signature:	Date:
Parent/Guardian Name for Applicant Under 18 Years of Age:	Date:
Parent/Guardian Signature for Applicant Under 18 Years of Age:	Date: