

Scholarship Application Consent Form

Date: _____

To Whom It May Concern,

I, **[Your Name]**, confirm my consent to apply for the **[Name of Scholarship]** scholarship. I understand the requirements and conditions associated with this scholarship and agree to comply with all terms as set forth.

Furthermore, I authorize **[Scholarship Provider's Name]** to verify any information provided in my application.

Signature: _____

Name: _____

Contact Information: _____

Thank you for considering my application.

Sincerely,

[Your Name]