

# Scholarship Application Guidance Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Name of the Person/Organization] to assist me in the scholarship application process for [Name of the Scholarship]. This authorization includes guidance on application procedures, review of application materials, and communication with the scholarship committee on my behalf.

I understand that this authorization will remain in effect until the completion of the scholarship application process.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]