



I attest to the best of my knowledge that all the information I have submitted is true and accurate. I realize that if any inaccuracies are found, I will be disqualified for this scholarship.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you learn about the Adult Learners, Inc. Citizenship Assistance Program? \_\_\_\_\_

**Office Use Only:**

Authorized Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_

\*\*\*\*\*

Date Issued: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Issued to: \_\_\_\_\_

Debit Card Transaction  Vendor Name: \_\_\_\_\_ Date: \_\_\_\_\_