

**Scholarship Application Form**

**2014 Application Deadline: August 1st, 2014**

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Household Size: \_\_\_\_\_ Marital Status: \_\_\_\_\_

(Household size includes you and all other family members living at your address for which you claim financial responsibility)\*

# of Adults: \_\_\_\_\_ # of Children: \_\_\_\_\_

\*We will require proof of residence and financial information for all household members.

Note: MSL Investigations will request additional information if you are chosen as a scholarship finalist. This information might include, but is not limited to, the following: 2013 Federal Tax Return, Proof of Unemployment / Disability, and Proof of Social Security Benefits (W-2 Forms and/or pay stubs will NOT be accepted as primary financial documentation)

**Students to Benefit from Scholarship**

List all K-12 students who will benefit from scholarship

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School child attended 2013-2014 school year: \_\_\_\_\_

School child will attend in 2014-2015 school year: \_\_\_\_\_

Grade in 2014-2015 school year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School child attended 2013-2014 school year: \_\_\_\_\_

School child will attend in 2014-2015 school year: \_\_\_\_\_

Grade in 2014-2015 school year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School child attended 2013-2014 school year: \_\_\_\_\_

School child will attend in 2014-2015 school year: \_\_\_\_\_

Grade in 2014-2015 school year: \_\_\_\_\_

(Add a separate sheet if required)

**If returning this form via email, please rename the file to the following format: lastname\_firstname\_2014.pdf**

**Participation Guidelines**

Please initial each statement and sign below to indicate your understanding and agreement

\_\_\_\_\_ I understand that the children listed on this application must meet all school academic and admissions requirements.

\_\_\_\_\_ I understand the funds received from this scholarship may only be used for one or more of the following: Tuition, Tutoring, Extracurricular school related activities, School related clothing and/or uniforms, School related supplies

\_\_\_\_\_ I understand MSL Investigations reserves the right to cancel any scholarship if I provide incomplete or fraudulent information or do not respond within (7) days of scholarship notification.

\_\_\_\_\_ I understand the amount awarded will vary based on the total number of scholarships given and the amount of funds available in the MSL Investigations Scholarship Fund. The minimum amount awarded to each family will be \$250.00.

\_\_\_\_\_ If my family receives a scholarship, I hereby permit MSL Investigations to use my child's name and picture on its website and other marketing materials.

\_\_\_\_\_ I have attached or included via email a written or typed statement (No more than 500 words) expressing how this scholarship would benefit the student(s) listed in the previous section.

\_\_\_\_\_ I hereby release and indemnify MSL Investigations from any and all claims and liabilities arising out of my participation in this program.

\_\_\_\_\_  
Printed Name \_\_\_\_\_ Date \_\_\_\_\_

(a signed copy will be requested if you are chosen as a finalist)

Return application form and your written statement via email (preferred) to [scholarships@mslinvestigations.com](mailto:scholarships@mslinvestigations.com),  
fax to 512-535-4649, or via mail to MSL Investigations, Attn: Scholarships PO Box 170412, Austin, TX 78717

In no more more than 500 words, please describe how this scholarship would benefit your  
family and how the funds would be used.

