

# **THE ARCHANGELS**

## **2017-2018 Serving Those Who Serve Us Scholarship Application Form**

This application form and any other required documentation must be submitted to the Archangels President, Sean Stoddard, via email [SStoddard@archangel.rocks](mailto:SStoddard@archangel.rocks) by May 1<sup>st</sup>, 2018. With questions or details regarding the application process, please visit <https://www.archangel.rocks/archangels-scholarship/> or contact a member of the Archangels team at [www.archangel.rocks](http://www.archangel.rocks) under the "Contact Us" section of the home page.

Name of Participant, printed (First, Last): \_\_\_\_\_

Home address: \_\_\_\_\_

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

Best contact phone number(s): \_\_\_\_\_

**Eligibility:** Students must meet these criteria and confirm compliance to be eligible: Please initial:

1. \_\_\_ I confirm I am a registered student attending school in the 2017-2018 school year.
2. \_\_\_ I have completed a project/ service as described in the Rules and Requirements section on <https://www.archangel.rocks/archangels-scholarship/> within the 2017-2018 school year.
3. \_\_\_ I understand and accept that myself, my parent(s) or guardian(s), and any participants and their parent(s) or guardian(s) (if under 18) will not hold Archangels (or their staff and volunteers) responsible for any injury, accident, or incident that occurs as a result of their service or project.
4. \_\_\_ If under 18 years of age, I have kept my parent(s)/ guardian(s), and school informed of the project and service. They and I both understand and accept that parent(s) and guardian(s) are responsible to ensure projects are safe and are performed safely and with oversight.

I authorize the release of information that is a part of this application process to the members of Archangels, Inc. and others who have reason to see the material. I also authorize the facilitators (The Archangels) to utilize any material submitted to or regarding a submission e.g. names, videos, pictures, stories, etc to be used for the purposes of Archangels, Inc. I certify all information to be true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years old, parent's/ legal guardian's name (printed): \_\_\_\_\_

Signature of parent / legal guardian: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

ARCHANGELS, INC.

