





3. **Why do you believe you are qualified to receive this scholarship? Add additional paper as necessary.**

**Please sign below verifying that the above information is true to the best of your knowledge. In addition, your signature will authorize the SVSU Foundation to access your student records at the University to confirm specific scholarship criteria, e.g., GPA.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return the Application Form to:**

**Ms. Lucille Beuthin  
Executive Director  
SVSU Foundation  
7400 Bay Road  
University Center, MI 48710  
(989) 964-4052**