Student Authorization and Acknowledgements

A signed copy of this document must be submitted with the application package in order for your application package to be considered complete.

YOU MUST PRINT AND SIGN THIS PAGE. INCLUDE THE SIGNED FORM IN THE APPLICATION PACKET.

I understand that certain persons **may not be eligible** to apply for this scholarship. In order to avoid potential conflicts of interest or the appearance thereof, the following persons shall not be eligible for or receive any scholarship offered by .

I acknowledge that I have read and agree to provide the additional materials required to complete my application.

I certify that the information contained in this application and all other materials submitted by me for consideration of this scholarship are to the best of my knowledge accurate and true. I also certify that the personal statement is my own work.

I authorize my school to provide the Scholarship Selection Committee with any and all requested information concerning my enrollment, grades, SAT/ACT scores or any combination of the above, and any other information deemed necessary by the Scholarship Selection Committee to enable them to make an informed decision regarding the selection of recipients.

I give Kemira, Inc./CSA permission to list my name as a scholarship recipient on the Kemira, Inc./CSA website if I am chosen as a recipient.

I understand that this is a competitive scholarship program. Scholarships shall be awarded on an objective and non-discriminatory basis, with neither race, creed, color, sex, age, religion, national origin nor disability being considered. Selections are based on information received from the application and the additional materials postmarked by the deadline. Decisions of the committee are final and justification for recipient selection(s) by the Scholarship Selection Committee, CSA staff, or Kemira, Inc. staff will not be disclosed under any circumstances.

I understand that if I do not submit all the required materials by the postmark deadline that I will not be considered for a scholarship.

I understand that the scholarships do not originate with CSA. CSA merely administers the scholarship program. CSA cannot guarantee that Kemira, Inc. will provide the funds, and, in the event Kemira, Inc. fails to provide the funds, CSA is in no way responsible with regard to the funds.

I understand that in the event of serious malfeasance, breach of traditional conduct, failure to provide requested materials, or conduct involving moral turpitude, a scholarship may be terminated at any time within the discretion of the Scholarship Selection Committee and concurrence of the donor, whose decisions shall be final and binding.

I understand that certain persons may not be eligible to apply for this scholarship. In order to avoid potential conflicts of interest or the appearance thereof, the following persons shall not be eligible for or receive any scholarship offered by Kemira, Inc.: dependent children of employees of CSA shall not be eligible to apply for or receive any scholarship offered by Kemira, Inc.

I have read the above terms and certify that I am eligible to apply for a scholarship and that I will abide by these terms.

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SIGNATURE _____ DATE ____/_____/_____

PRINT NAME _____

(By signing your name you certify that you agree to the terms of this scholarship process.)