

# Dependent Relationship Form

I confirm that \_\_\_\_\_ (Printed scholarship applicant name)

is my dependent and has been accepted into and accredited community college or a four-year university in the United States.

I further confirm that this scholarship applicant is a U.S. citizen and a resident of North Carolina.

My current occupation is \_\_\_\_\_ (Please print)

Signature of parent or legal guardian \_\_\_\_\_

Date \_\_\_\_\_

Parent or Legal Guardian Name and Address (Please Print)

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