

PLEASE READ CAREFULLY

I give my permission to the Blue Valley Educational Foundation and/or the Blue Valley School District to use my name in promotional activities if, and only if, I am selected to receive the CPS Foundation Scholarship. I also certify that, to the best of my knowledge, this application is complete and correct.

Student signature

Date

Take this completed application to the CAPS Director and request he/she read the following statement and sign below: I certify that the information presented on this application, to the best of my knowledge, is complete and accurate.

CAPS Director Signature

Date

Return your completed application to the CAPS Director
by **Friday, February 5, 2021.**

Blue Valley Educational Foundation
15020 Metcalf
Overland Park, KS 66223

Please call Joy Ginsburg, BVEF Executive Director, at 239-4622 if you have questions.