

CHEYNEY UNIVERSITY NATIONAL ALUMNI ASSOCIATION  
P. O. Box 288  
Westtown, Pennsylvania 19395

I authorize and give permission for the Cheyney University National Alumni Association through its representative, Scholarship committee, to contact the Cheyney University of Pennsylvania Financial Aid and Bursars Office to request confirmation regarding the validity of my transcript and bursar statement.

I authorize and give permission for the Cheyney University of Pennsylvania Financial Aid and Bursars Office to release information regarding the validity of my transcript and student account statement to Cheyney University National Alumni Association through its representative, Scholarship committee.

I understand that applying for a scholarship to the Cheyney University National Alumni Association does not guarantee that I will receive an award.

I authorize the Cheyney University National Alumni Association to publicize my receipt of any scholarship(s) as appropriate.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_  
(Print)

Signature \_\_\_\_\_ ID \_\_\_\_\_