MHS Continuing Education Scholarship (CES)
2016-17 Student Data Sheet

Instructions: *Complete and mail/fax this form to MHS Transition Services by* ***JULY 15*** *or* ***two weeks before your bill is due*** *– whichever is earlier. On time submission of this form is required to receive any CES funding: No on time form = no CES money!* ***If you will not know your college address by July 15, mark that field as PENDING and send the form in by July 15.***

Student Information:

Name (print) _____ MHS Class _____

Your Phone Numbers: Home _____ Cell _____

Email Address(es) _____ _____

Your Home Address _____

City _____ State _____ Zip Code _____

Your housing at college: ☐ Campus Residence ☐ Off-Campus Apt.* ☐ Commuter **

* must submit copy of lease ** living with a relative

Your Personal Address at College _____

City _____ State _____ Zip Code _____

Educational Plan Information:

Name of College/School _____

Academic Major _____

If you changed Majors since last year, write your "old" Major here: _____

Type of Degree/Certification (Bachelors, etc) _____

Anticipated College Graduation Date (month/year) _____

Privacy Information:

I give permission for the Transition Services staff to communicate with the following individuals (family, adult mentors) regarding my CES circumstances. Our office will be unable to speak with any family/adult mentors regarding your CES circumstances unless they are listed below (this restriction does NOT apply to student services staff at your school).

Name _____ Relationship _____

Name _____ Relationship _____

By signing this form, I acknowledge that **submitting fraudulent information, improperly accepting CES funds I am not eligible to receive, failing to direct my school to submit refunds due to overpayments or other circumstances directly to Milton Hershey School, or in any other way not meeting the CES requirements stipulated in the *Deed of Trust* of good behavior, character and proficiency** is grounds for permanent termination from the CES program and possible pursuit of legal action against me to recoup any CES funds owed to the School.

Student Signature _____ Date _____

Please return completed form to:

Transition Services Office, Milton Hershey School, PO Box 830, Hershey, PA 17033 [Fax (717) 520-2033]