

# TENNESSEE WESLEYAN COLLEGE

## Certification of Legacy Scholarship

This is to advise you that \_\_\_\_\_ has applied for a **Legacy Student Scholarship** at Tennessee Wesleyan College. The applicant indicated that you are a parent or grandparent and an alumnus(a) of Tennessee Wesleyan College. Please fill in the information below to support the student's application.

Please check your relation to the student:

Parent  Grandparent

### Confidential Information to be Supplied by Alumnus(a)

Name \_\_\_\_\_  
*Last First MI Last name on your diploma*

Mailing Address \_\_\_\_\_  
*Number/Street City State Zip*

Date of Graduation \_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_  
Signature of Alumnus(a)

\_\_\_\_\_  
Date

### PLEASE FORWARD THIS FORM TO:

Tennessee Wesleyan College  
Office of Enrollment Services  
204 East College Street  
Athens, TN 37303

