**Applicant's Certification and Authorization Form**

**I certify that the information provided on my NCMSA Scholarship application is, to the best of my knowledge and belief, complete and correct. I grant the Northampton County Medical Society Alliance the authority to verify any of the information provided. I will provide verification of the information listed if necessary. I authorize the schools I have attended to release to the Northampton County Medical Society Alliance my grades and any other data requested to meet its requirements and guidelines for this scholarship application.**

**Also, by signing below, if I am awarded a scholarship, I give permission to the Northampton County Medical Society Alliance to use my name and / or photograph in any publication.**

**Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ALL APPLICATION MATERIALS MUST BE RECEIVED BY MARCH 15**