## REQUIRED AFFIRMATIONS FOR CHILD OF EMPLOYEE APPLICANTS

	To	be filled	out and sign	ed by A	pplica	ınt						
	Ι, _			(Name of Applicant), hereby affirm on oath that I								
sati	sfy the	eligibilit	y requireme	nts of L	a Micl	hoaca	na Fou	ndation'	s Scholars	ship for	Excellen	ce as
set	forth	herein,	including						biologication biological		_	
Maı	ket, or	other eli	gible related									
								Applio	cant Signa	ture		
								Print 1	Name			
								Date				
		· ·	out and sign						-	•	on oath	that
				_ (Name	e of A	pplica	ant) is 1	my child	d, either b	iologica	al or adop	otive,
	that I a		nployee of L	a Micho	oacana	a Mea	t Mark	et, or ot	her eligibl	e relate	d compar	ny as
								Emplo	oyee Signa	ature		
								Print 1	Name			
								——————————————————————————————————————				