HOPE
Hispanic Organization for Public Employees

SCHOLARSHIP ELIGIBILITY FORM

I, _____, certify that _____ is my dependent
Print **Print**

and that I am employed by or retire from CPS Energy. I also authorize any HOPE officer to verify my employment or past employment and eligibility requirements with CPS Energy.

_____	_____
Student Signature	**Date**
_____	_____
Parent or Legal Guardian	**Date**
_____	_____
HOPE Officer	**Date**