



State Senator José Rodríguez  
Senate District 29  
100 North Ochoa Street, Suite A  
El Paso, Texas 79901  
Phone: 915.351.3500 Fax: 915.351.3579

## Attestation and Acceptance

I, [ \_\_\_\_\_NAME OF NOMINEE ], do swear and affirm that all information submitted by me to State Senator José Rodríguez in consideration of his appointment as a Texas Armed Services Scholarship recipient is true and correct. I affirm that transcripts containing class rank, grades and test scores are true and genuine copies of official documents that I may be required to present to the college admission and/or financial aid office at [ \_\_\_\_\_UNIVERSITY NAME ].

I further understand that once Senator Rodríguez submits my appointment to the Texas Higher Education Coordinating Board (THECB) that I must work directly with [ \_\_\_\_\_UNIVERSITY NAME ] and its ROTC program to navigate the admissions process. I must enter into a contract with THECB in order to receive a scholarship award not to exceed \$10,000 for my first year of college and if I fail to meet the conditions outlined in the agreement, I must repay the conditional scholarship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please Print)*

Student / Scholarship Appointee : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone:(h) \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please Print)*

Parent or Guardian of Student (if under 18 years of age) : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone:(h) \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_