

Breathe Life



Kristie Ann Gonzalez Lung Awareness Foundation, Inc.
4251 FM 2181 Ste 230- #130 Conroe, TX 76210 • Ph: 972.329.2026 • Fax: 972.534.1740

Teacher/Coach Attestation Form

Date: _____

Applicants Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

I, _____, teacher/coach at Southwest High School
provide my full support to student, _____, who is submitting
this application for consideration of the Kristie Ann Gonzalez Scholarship Award.

I attest that this applicant will use all awarded funds to further her education at
an accredited educational institution related to her field of study.

I declare that the above statements are true and accurate to the best of my
knowledge.

Print Name

Signature

Date