

## **DRIVE TO SUCCEED PERMISSION FORM**

Date:
Student Name:
Parent/Guardian Name:
As the parent/guardian of the above-named student, I acknowledge and agree for my Butler
Tech student to participate in the Drive to Succeed Scholarship Program and to the following
statements:
☐ I agree to provide \$25.00 for the cost-share aspect of this scholarship.
$\hfill \square$ I understand that if my student does not complete their driving education courses, the
total amount of funds paid up to that point will be added to my student's school fees.
☐ I understand that my student will need to complete two surveys as part of the scholarship
process for the Ohio Traffic Safety Office (OTSO).
Eligibility and Benefits:
☐ My student has their temporary license in order to complete in-car training.
☐ My student is eligible for Free/Reduced Lunch
AND/OR
☐ My student can benefit from financial assistance with driving education.
Parent/Guardian Signature:
Date:

Please upload this form as an attachment along with your Drive to Succeed application.

If you have any questions, please contact Emily Lykins at lykinse@butlertech.org.