



STRIVE Collegiate Academy

Conflict of Interest Information Form

Name: Dr. Aikyna Finch Date: 10/22/22

Please describe below any relationships, positions, or circumstances in which you are involved that you believe could contribute to a Conflict of Interest (as defined in STRIVE Collegiate Academy Conflict of Interest Policy) arising.

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Conflict of Interest Policy of STRIVE Collegiate Academy that is currently in effect.

Signature: Aikyna Finch Date: 10/22/22



STRIVE Collegiate Academy

Conflict of Interest Information Form

Name: Sarah Ann Egzell

Date: October 22, 2022

Please describe below any relationships, positions, or circumstances in which you are involved that you believe could contribute to a Conflict of Interest (as defined in STRIVE Collegiate Academy Conflict of Interest Policy) arising.

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Conflict of Interest Policy of STRIVE Collegiate Academy that is currently in effect.

Signature: Sarah Ann Egzell

Date: October 22, 2022



STRIVE Collegiate Academy

Conflict of Interest Information Form

Name: Jordan Walter

Date: 10-22-22

Please describe below any relationships, positions, or circumstances in which you are involved that you believe could contribute to a Conflict of Interest (as defined in STRIVE Collegiate Academy Conflict of Interest Policy) arising.

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Signature: Jordan Walter

Date: 10-22-22



STRIVE Collegiate Academy

Conflict of Interest Information Form

Name: SCOTT EMERSON

Date: 10/22/2022

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Signature: [Signature]

Date: 10/22/2022



STRIVE Collegiate Academy

Conflict of Interest Information Form

Name: Norma Shirk

Date: 10-22-2022

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Signature: Norma Shirk

Date: 10-22-2022



STRIVE Collegiate Academy

Conflict of Interest Information Form

Name: _____

Sergio Arce

Date: _____

9/14/22

Please describe below any relationships, positions, or circumstances in which you are involved that you believe could contribute to a Conflict of Interest (as defined in STRIVE Collegiate Academy Conflict of Interest Policy) arising.

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Conflict of Interest Policy of STRIVE Collegiate Academy that is currently in effect.

Signature: _____

Sergio Arce

Date: _____

9/14/22