



High School: \_\_\_\_\_

High School Address: \_\_\_\_\_  
Street Address City State Zip

Year Graduating \_\_\_\_\_

G.P.A. \_\_\_\_\_ Class Rank \_\_\_\_\_

Name of College/University Providing Schooling/Training: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Website of College/University: \_\_\_\_\_

Name of Your Contact Person at the Financial Aid Office of the College/University:

\_\_\_\_\_

Address of Contact Person: \_\_\_\_\_  
Street Address City State Zip

Telephone of Contact Person: \_\_\_\_\_

E-mail of Contact Person: \_\_\_\_\_

Are we to send scholarship funds to the contact person you have named above? Check one. Yes  No   
If not, please provide below the name and full address of the person/office to whom we are to send the funds.  
Also, please provide us below with any information required in the check or the cover letter (for example, do they need your social security number or name written on the check or in the cover letter?) You will likely have to converse with the college/university Financial Aid Office to determine this information. The funds will be disbursed in July preceding the fall semester and in December preceding the spring semester.

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