

ST. CROIX FALLS DISTRICT ALUMNI SCHOLARSHIP APPLICATION

(DOLLARS FOR SCHOLARS)

AWARD AMOUNT

\$ _____

TO THE APPLICANT:

By completing the information required in this application, you will enable us to determine your eligibility to receive funds provided specifically to help students enrolled in higher education.

Application Deadline: March 1, 2022

APPLICANT DATA (please print)				

Name (last)	(first)	(middle)		

Permanent Address (street)	(city)	(state)	(zip)	

Date of Birth (month/day/year)		Telephone number		

Name of Parent/Guardian _____				
SCHOOL OF HIGHER EDUCATION PRESENTLY ATTENDING:				
Student School ID# _____				
School Name and Business Office Address (scholarship money will go to this address): _____				

Area of Study: _____ Year in School _____ Length of Program _____				

Please include a copy of the past semester's transcript and a copy of this semester's registration. Money will be released upon receipt of registration for the first semester of 2021-2022 school year.

THE SCHOLARSHIPS WILL BE CHOSEN ANONYMOUSLY BY A BLIND DRAWING.

Applicant's Signature: _____ Date: _____

Year of graduation from a school with the SCF school district: _____

RETURN APPLICATION AND ATTACHMENTS TO: nwachja@scfschools.com (Janita Nwachukwu)