



## ST. CROIX FALLS DOLLARS FOR SCHOLARS ALUMNI SCHOLARSHIP APPLICATION

### 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 1st**

**APPLICANT DATA** (please print or type)

\_\_\_\_\_  
Name (last) (first) (middle)

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

\_\_\_\_\_  
Current Email Address 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.**

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](mailto:nwachja@scfschools.com) (Janita Nwachukwu)