



# Alpine School District Foundation

801-610-8403 or 801-610-8425

## Scholarship Request for Funds

*Please complete each section.*

### Scholarship Funds

\_\_\_\_\_  
Date

\_\_\_\_\_  
Scholarship Counselor

\_\_\_\_\_  
School

\$ \_\_\_\_\_  
Total Dollar Amount of Scholarship

Is This a Foundation matching Scholarship?

Yes

No

Scholarship funds are coming from \_\_\_\_\_

**\*Has the money for this Scholarship been sent to the Foundation?**

Yes

No

**\*\*Terms of scholarship:**

- For tuition and books ONLY, not fees
- Funds may carry over to the next semester if not used the first semester that the student enrolls.
- Other restrictions: \_\_\_\_\_

*In the event that the student does not enroll or does not attend, the money will be returned to the Alpine Foundation.*

### Student Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Year Graduated

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home Telephone #

\_\_\_\_\_  
College or University

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Semester that student will enroll

**Scholarship will expire 5 years from date of graduation.**