

Outside Scholarship Award

Student Name: _____

Who is providing scholarship: _____ (College Name or other organization)

Name of scholarship: _____ (exact spelling)

Amount of scholarship: \$ _____ One-time payment **OR** Renewable _____ years

CIRCLE ONE

Contact person (name, email, telephone number) for scholarship:

Anything else we need to know? _____

Please return this form to the Guidance Department by Wednesday, May 5th.

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