



CLASSIFIED EMPLOYEES
COUNCIL
SCHOLARSHIP APPLICATION
**Must be a dependent, spouse or current/retired
certified employee. Complete application and submit,
along with letter of application, transcripts to:**



Office of Student Financial Aid
Adams State College
208 Edgemont Blvd
Alamosa, CO 81102

GENERAL INFORMATION:

Name: _____

Permanent Address: _____

Phone Number: (____) _____

Name of Classified Employee: _____

Relationship to Classified Employee: Dependent Spouse Self

Term for which applying (select one and please indicate year):

Fall _____ Spring _____ Summer _____

For Office Use Only:

Application Number _____	Academic Year _____
____ Degree-Seeking _____	
____ Certified _____	.5 FTE _____
____ Letter _____	____ Transcripts _____ GPA _____
FOLLOW-UP TRACKING	
GPA _____	Credit Hours _____ Fundraiser _____
AWARD INFORMATION/SEMESTER	
____ None _____	\$100 _____ \$300 _____ \$500 _____