



ADAMS STATE COLLEGE SCHOLARSHIP APPLICATION

Complete this application form for each scholarship and submit to:

Office of Student Financial Aid
Adams State College
208 Edgemont Blvd.
Alamosa, CO 81102
Fax: 719.587.7366

All applicants please complete items one through nine. Please print or type information. Please make copies of form and submit one form for each scholarship.

1. Name of scholarship _____
(one application form per scholarship)
2. Name of applicant _____
3. SSN _____ or Student ID # _____ Birthdate _____
(disclosure of SS# is voluntary and is used for record keeping purposes only, such as library, posting grades, etc.)
4. Home address _____
5. City _____ State _____ Zip Code _____
6. Phone number _____ e-mail address _____
7. High School Attended _____ Graduation Year _____
8. Cumulative GPA _____ ACT/SAT _____ Year in college during Fall of award year _____
9. Major _____ Member of Adams State athletic team _____

Please answer "Why I should be considered for this scholarship" below as required for various scholarships.

I authorize release of my academic and financial information by the Adams State College Office of Financial Aid to the scholarship selection committee for the scholarship listed.

Signature _____ Date _____

Cut along dotted line