



**Good Neighbor Scholarship
Application**

Please complete the application form and return to the Graduate School. Fax and address are listed below. *A completed application does not guarantee an award.*

To Be Completed by Student:

Name of applicant: _____

SSN: _____ OR Student ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Department (circle one)

Art

Counselor Education

Human Performance & Physical Education

Teacher Education

Semester and year for which you are applying for aid: _____

I authorize release the department selection committee to view my academic and financial records as needed for scholarship qualification.

Signature: _____

For Department Use Only:

APGS Signature: _____ Date: _____

Department Chair Approval: _____ Date: _____

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