



ADAMS STATE UNIVERSITY SCHOLARSHIP APPLICATION

Complete this application form for each scholarship and submit to:

Office of Student Financial Aid
Adams State University
208 Edgemont Blvd. Suite 3030
Alamosa, CO 81101
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 MVHS-Adams 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 University Office of Financial Aid to the scholarship selection committee for the scholarship listed.

Signature _____ Date _____