



# SCHOLARSHIP AWARD FORM

Due to Business Office By May 15th

Scholarship Name

Year of High School Graduation

Campus

Account Number (Bus.Off. Use)

1	Name of Student	Student I.D.	SS#	Amount
2	Name of Student	Student I.D.	SS#	Amount
3	Name of Student	Student I.D.	SS#	Amount
4	Name of Student	Student I.D.	SS#	Amount
5	Name of Student	Student I.D.	SS#	Amount
6	Name of Student	Student I.D.	SS#	Amount
7	Name of Student	Student I.D.	SS#	Amount
8	Name of Student	Student I.D.	SS#	Amount
9	Name of Student	Student I.D.	SS#	Amount
10	Name of Student	Student I.D.	SS#	Amount
11	Name of Student	Student I.D.	SS#	Amount
12	Name of Student	Student I.D.	SS#	Amount
13	Name of Student	Student I.D.	SS#	Amount
14	Name of Student	Student I.D.	SS#	Amount
15	Name of Student	Student I.D.	SS#	Amount

\$ -  
TOTAL

Signature - Principal

Signature - Club Sponsor OR Donor

NOTE: AWARDS WILL BE DISTRIBUTED UPON AVAILABILITY OF FUNDS.