



# 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 \_\_\_\_\_  
*(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 \_\_\_\_\_