

Schwallie Family Scholarship Program Application Form

Name of Applicant: _____

Address of Applicant: _____

Street Apt No.

City State Zip

Telephone E-mail address

I am applying for a Schwallie Family Scholarship to support my attendance at (check one)

4 Year College or University 2 Year College Vocational, Technical or Trade School

Date of initial diagnosis: _____ (Please include documentation)

Institution of higher learning currently attending or accepted to:

Name of School

City State

Degree/Certification Sought:

Associate's Bachelor's Vocational, Technical or Trade School Certification

If currently enrolled, years remaining to obtaining degree: _____

References

In addition to the required letter of recommendation from one reference, please provide two other references from outside your family (former employer, teacher, etc.) whom we may contact if necessary.

Reference #1

Reference #2

Name and relationship to you (teacher, employer, etc.)

Name and relationship to you (teacher, employer, etc.)

Street

Street

City State Zip

City State Zip

Telephone E-mail address

Telephone E-mail address