



# South Summit Education Foundation

## MULTIPLE SCHOLARSHIPS INCENTIVE APPLICATION

First Name:		Last Name:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Email address:			

## SCHOLARSHIPS ALREADY APPLIED FOR

Scholarship 1:	Date submitted:
Scholarship 2:	Date submitted:
Scholarship 3:	Date submitted:
Scholarship 4:	Date submitted:
Scholarship 5:	Date submitted:
Scholarship 6:	Date submitted:
Scholarship 7:	Date submitted:
Scholarship 8:	Date submitted:
Scholarship 9:	Date submitted:
Scholarship 10:	Date submitted:
Signature of Counselor:	Date:

## SOUTH SUMMIT SCHOOL DISTRICT REFERENCE

Name	Address	Phone

## PERSONAL REFERENCE

Name	Address	Phone

## SIGNATURES

I declare that the information reported on this application is true and complete to the best of my knowledge. I understand my full name and photo may be shared and/or published on the Foundation's website, social media, and event programs in order to promote the Foundation.

Signature of applicant:	Date:
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