# Skyline Education Foundation
# Student Special Scholarship

Name of Student: _____

Grade: _____

Phone No: _____(Home) _____(Cell)

E-mail Address: _____

Amount Requested: _____ (Maximum: $200)

Date money is required: _____

(Applications are reviewed at Board meetings which take place once every 2 months. Please plan accordingly.)

Check the area that most apply to your request:

__ Arts
__ Athletics
__ Community Service
__ Education Supply/Resource
__ Field Trip
__ Music
__ Others _____(specify)

Describe the reason for your request and attach any relevant documents:

(include details such as date of the project/activity, how the money will be used, how the scholarship will benefit you.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

Teacher Recommendation: _____

_____

Administration Approval:_____

**If this scholarship is awarded, a report of the project/activity is required and may be used for promotion in the community. Submit your report to the Principal.**

_____ _____ _____

Signature Signature of Parent Date

***SEF Board: _____ Approved (Amount Approved $_____) _____ Not Approved***