SCHOLARSHIP INFORMATION SHEET
2019-2020

Please return this form no later than June 30. No money will be sent to the college until we receive this form.

Please print

STUDENT NAME: __________________________________________________________

COLLEGE INFORMATION

Student College ID# ________________________________________________

College Attending: ________________________________________________

*College Address: ____________________________________________________

Street City State Zip

*This is the address where your scholarship check will be sent.

STUDENT INFORMATION

Cell Phone Number (  ) ____________________________ Home Phone________________________

Parent E-Mail Address (optional): ____________________________

Your E-Mail Address: ____________________________________________

Please sign below to indicate you have read the provided scholarship and renewal information.

__________________________________________

Please return this to: Concord Community Schools
Attn: Administrative Assistant to the Superintendent
PO Box 338
Concord, MI 49237

Email: laurie.sinden@con cordschools.net

Please note that this is the information we will use to contact you. Any change in the information above must be sent in writing to the Administrative Assistant to the Superintendent at the e-mail or address above.

IMPORTANT DATES

PLEASE SEE IMPORTANT DEADLINE SHEET FOR ALL DATES

Failure to meet this deadline, or failure to send all materials requested, will result in the loss of this scholarship.