



## Request for E Squared Scholarship Funds

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of this request: \_\_\_\_\_

Date by which funds must be received by your school: \_\_\_\_\_ (30-day notice is required)

Amount requested: \_\_\_\_\_ (maximum of \$2,500)

Name of school you are attending: \_\_\_\_\_

Please make the check payable to: \_\_\_\_\_

Exact address to which the scholarship check must be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attachments required:

If this will be your **first semester**, please attach a copy of your letter of acceptance.

If this will be **other than your first semester**, please attach a copy of your grade transcript from your most recent semester.

Signature of Recipient \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(for recipients under 18 years of age)