



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 of recipients under
18 years of age

Date