



SCHOLARSHIP INTAKE FORM

Scholarship Name _____

Sponsor/Organization _____

Primary Contact _____

Company _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Preferred Method of Contact _____

Scholarship Amount _____ # of Awards _____ Total Contribution _____

Payment method (circle one)

Check to Arrowhead Scholarship Fund WCCF Transfer Other (list method) _____

Award Requirements/Selection Criteria (e.g. desired major, GPA, community service, extracurriculars)
The ASF Board will select the recipient based on this criteria. If you would like to participate in the selection process, please contact Abbie Holland at asf@arrowheadschoools.org.

Would you like to present the scholarship at our award ceremony in May? Yes No

If yes, please provide name of presenter and best way to contact.

Name _____ Email address or phone # _____

OPTIONAL: Please provide background about the scholarship (e.g. intended purpose, person commemorated, etc.)

Thank you for your investment in our future leaders!

HONORING ACHIEVEMENT