## USU STARS! GEAR UP

**Individual Student Application** 

A. HIGH SCHOOL INF	ORMATION					
School Name:			Phone:			
Address:			SCRIBE Data Entry date:			
B. STUDENT INFORM	ATION					
Name	SSID	Grade		Graduation Date	Permar	ent Address
C. AWARD INFORMA	TION					
Organization and/or Scholarship name			Scholarship Amount		ount	Semester or Academic School year for which the scholarship is applicable
1. 2.						
3.						
4.						
5. Total Scholarship Amount to be Matched						
D. ATTACHED DOCUI	MENTATION	L				
Approved documenta	ition includes a co	opy of t	the	original:		
check all that apply						
A letter you received from the organization			Media or newspaper article			
The award certificate(s)			Guidance school counselor letter of award recipient			
Scholarship check						
E. APPLICATION AUTHORIZING SIGNATURE(S)						
School Authorizing Signature			Title			Date
School GEAR UP Coordinator						Date