



CLASSIFIED EMPLOYEES  
COUNCIL  
SCHOLARSHIP APPLICATION  
Must be a dependent, spouse or current/retired  
certified employee. Complete application and submit,  
along with letter of application, transcripts to:



Office of Student Financial Aid  
Adams State College  
208 Edgemont Blvd  
Alamosa, CO 81102

GENERAL INFORMATION:

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

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

Name of Classified Employee: \_\_\_\_\_

Relationship to Classified Employee:     Dependent             Spouse             Self

Terms for which applying (select two and please indicate year):  
Fall \_\_\_\_\_            Spring \_\_\_\_\_            Summer \_\_\_\_\_

For Office Use Only:

Application Number _____	Academic Year _____
____ Degree-Seeking _____	
____ Certified _____	____ .5 FTE
____ Letter _____	____ Transcripts _____ GPA
FOLLOW-UP TRACKING	
GPA _____	Credit Hours _____ Fundraiser _____
AWARD INFORMATION/SEMESTER	
____ None _____	____ \$100 _____ \$300 _____ \$500