

**PRIOR LAKE - SAVAGE AREA**

**EDUCATIONAL FOUNDATION**

**APPLICATION FOR CO-CURRICULAR SCHOLARSHIP**

Applicant \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_ and/or email: \_\_\_\_\_

Activity \_\_\_\_\_ Total Fee \$ \_\_\_\_\_

Necessary Equipment \_\_\_\_\_ Cost \$ \_\_\_\_\_

Scholarship Requested \$ \_\_\_\_\_

Explanation of Hardship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this Application, I certify to the Foundation that the information contained in this Application is true and correct, and agree to the conditions of

the Scholarship Program established from time to time by the Foundation.

DATE: \_\_\_\_\_, 20\_\_

Signature of Applicant

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**RECOMMENDATION of COUNSELOR**

Verify

Recommend

Recommend

Eligibility \_\_\_\_\_

Approval \_\_\_\_\_

Denial \_\_\_\_\_

DATE: \_\_\_\_\_, 20\_\_

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Signature of Counselor \*

\* Mail to PO Box 840, Prior Lake MN 55372 or email to Kari:  
[karik@integraonline.com](mailto:karik@integraonline.com)

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**ACTION by THE FOUNDATION**

Scholarship

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Amount \$ \_\_\_\_\_ DATE: \_\_\_\_\_,  
20\_\_\_\_

Applicant notified on \_\_\_\_\_, 20\_\_ by

\_\_\_\_\_