



ROCK ISLAND – MILAN

**EDUCATION
FOUNDATION**

Rock Island-Milan Education Foundation

HAVlife Youth Enrichment Scholarship Funds Request

Applications are for individual students only and all responses must be unique to student.

Return form to: Rock Island-Milan Education Foundation, 2101 Sixth Ave, Rock Island, IL 61201

Student Name: _____

School: _____ Grade: _____ Age: _____ (10-15 only)

Amount Requested: _____

Use of Funds (fees, camp, equipment, etc.): _____

Requested By: _____ Phone: _____

(Must be a Teacher, Coach or Principal)

Email: _____

Financial Need Summary: _____

Describe student's area(s) of talent: _____

Please rate the student in the following areas, 1 being best and 5 being the least:

Dependability	1	2	3	4	5
Demonstrated talent	1	2	3	4	5
Desire to continue to develop talent	1	2	3	4	5
Likelihood they will continue pursuing in high school	1	2	3	4	5

Write check to: _____

Send to: _____