



ROCK ISLAND – MILAN

**EDUCATION  
FOUNDATION**

**Rock Island-Milan Education Foundation**

**HAVlife Youth Enrichment Scholarship Funds Request**

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

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

Requested By: \_\_\_\_\_ Phone number: \_\_\_\_\_  
(Must be 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

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

If awarded, **please list an address below where the check should be sent.**