**HAVlife Youth Enrichment Scholarship & Schwiebert Extracurricular Request Form**

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

Return form to: Rock Island-Milan Education Foundation

@Rock Island High School

1400 – 25th Ave, Rock Island, IL 61201

Student Name:

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

Amount Requested:

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

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Requested By: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Must be a Teacher, Coach or Principal**)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Need** Summary:

Describe student’s area(s) of talent/interest:

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 to pursue 1 2 3 4 5

**RIMEF to write check to**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RIMEF to send to**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_