AARON AND RITA SLOM SCHOLARSHIP FUND FOR FREEDOM AND DIVERSITY
APPLICATION FORM

Name: _____
Last First Middle

Address: _____

_____
City State Zip Code Phone Number

If you are a scholarship winner, do you agree to be included in a Foundation press release announcing the scholarship results? Yes _____ No _____

How did you learn about the Slom Scholarship Program? Please check one: Guidance Counselor _____ Teacher _____ Advertisement _____ Foundation Web Site _____ Other _____

IMPORTANT REQUIRED INFORMATION: Please include the name of the guidance counselor, teacher, or other school staff member, if any, who advised you with your entry and the school's address and phone number.

School Currently Attending: _____

School Address: _____

_____
City State Zip Code School Phone Number

Guidance Counselor's Name: _____
(Or other assisting school staff member)

Is this a public, private, or home school? _____ H.S. Graduation Date: _____

Name of College or University you plan on attending: _____

Enrollment Date: _____

_____ _____
Signature of Guidance Counselor Date

_____ _____
Signature of Applicant Date