## SCHOLARSHIP APPLICATION FORM FOR NEW STUDENTS 2024 - 2025 ACADEMIC YEAR

APPLICATION DEADLINE: MAY 31, 2024	
ALL SCHOLARSHIP RECIPIENTS WILL BE NOTIF	IED BY: JUNE 15, 2024
Please submit or mail this form and any supplement	al documentation to:
The Trilogy Foundation	
14020 Northdale Blvd, Suite B	
Rogers, MN 55374	
Note: Scholarships are for full-time students only.	
Parent Information:	
Parent/Guardian Name:	
Home Address:	
City: State:	Zip:
Cell Phone:	Email:
Scholarship awards, in part, are given to families that are experiencing financial hardship. Please submit the first page of your most recent tax returns for consideration.	
Student Information:	
Student's Name:	□ Male □ Female □ Other
2023 Entering Grade: $\Box$ 5 <sup>th</sup> $\Box$ 6 <sup>th</sup> $\Box$ 7 <sup>th</sup> $\Box$ 8 <sup>th</sup> $\Box$ 9 <sup>th</sup>	□ 10 <sup>th</sup> □ 11 <sup>th</sup> □ 12 <sup>th</sup> Birth Date://
Home Address:	

Students will need to submit a one-page response (written or typed) as to why they want to attend Trilogy STEM Academy and how this school will inspire their future. Students should write about their interests and goals. Assessment scores are also taken into consideration for scholarships. Please attach the response to this page.

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_