

**SCHOLARSHIP APPLICATION FORM FOR RETURNING STUDENTS
2024 - 2025 ACADEMIC YEAR**

APPLICATION DEADLINE: May 31st, 2024

ALL SCHOLARSHIP RECIPIENTS WILL BE NOTIFIED BY: JUNE 15, 2024

Please submit or mail this form and any supplemental 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

2024 Entering Grade: 5th 6th 7th 8th 9th 10th 11th 12th Birth Date: ____/____/____

Home Address: _____

City: _____ State: _____ Zip: _____

Returning students receive scholarships based on merit (GPA, attitude, effort, and teacher recommendations).