St. Thomas More Region Scholarship Application

Date: _____	**Return form to:**
	Bruce Nordstrom, OFS
	1600 N Mariposa Rd
Name of Fraternity: _____	Flagstaff, AZ 86004-8757
	OR
	nordstrombruce64@gmail.com

SCHOLARSHIP APPLICATION

1 individual request per application form

Due to the limited amount of funds available for scholarships, we encourage members to reach out to Local Fraternity for assistance before applying.

Member's Name:		
Member contact information	Phone:	email address
Reason for Request:		

Please list detailed foreseen expenses below:	
	$
	$
	$
	$
	$
Total Cost to Attend	
Less amount I will contribute toward costs	$
Less amount my Local Fraternity will contribute	$
Amount of Scholarship Requested	$

Applicant Comments:

Signature of applicant: _____

Treasurer's Comments:

APPROVED	**YES**	**NO**
AMOUNT APPROVED		