

Adams-Friendship Area Educational Foundation Endowment Fund

P.O. Box 204, Friendship WI 53934

afedfound@gmail.com

Scholarship Criteria Form



Date: _____

Scholarship Name: _____

Primary Contact: _____

Address: _____

Phone: _____ Email: _____

_____ Endowed Scholarship* _____ Annual Scholarship** _____ Initial Scholarship

*Minimum for Endowed Scholarship is \$12,500.00

**Minimum for an annual scholarship is \$250.00

Student status: (please check one)

_____ both new & continuing _____ graduating high school _____ new adult learner

_____ continuing (attending classes)

Scholarship use (please check one)

_____ tuition _____ tuition and books _____ tuition, books and educational purposes

SPECIAL INSTRUCTIONS: *Please list any information or other scholarship criteria to be included:*

*** Scholarships for graduating high school students will be awarded at their scholarship awarding event

Please make checks payable to: A-F Area Educational Foundation, Inc.

Signature _____ Date _____

For Office Use only: Individual's Account # _____