

# CASCADE HIGH SCHOOL SCHOLARSHIPS OFFERED

## *Class of 2016*

NAME: \_\_\_\_\_

STUDENT #: \_\_\_\_\_

The college that I will attend is: \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

**I have been offered the following scholarships:**

Please print the full title of the award or scholarship (no abbreviations):	Type of award - Circle the appropriate response:	The total scholarship amount that you will receive for your 4 years of college is:	Please circle the appropriate response:
	Merit/Academic, Athletic, Other	\$	I will accept / not accept
	Merit/Academic, Athletic, Other	\$	I will accept / not accept
	Merit/Academic, Athletic, Other	\$	I will accept / not accept
	Merit/Academic, Athletic, Other	\$	I will accept / not accept
	Merit/Academic, Athletic, Other	\$	I will accept / not accept

Please return this form to Darcie Cooper, Kim Taylor, or Trish Roberts on or before May 14, 2016.

Thank you!

Note: Please let Mrs. Garcia (Registrar) know your final choice of college by June 1, 2016 for transcript purposes.

