Calumet Sno-Trails

612 Graves St Chilton, WI 53014

Don Ruhland Memorial

Request for Scholarship Fund

This form must be filled out and returned to Calumet Sno Trails prior to the end of July so that a check can be sent to your school in August and credited to your account before your starting date.

A copy of the enrollment verification and billing for your first semester must also be included

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of Scholarship\_\_\_\_\_\_\_\_\_\_\_\_**

**School will be attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For office use only:

Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_