Fall 2009 UNC Asheville Super Saturday Scholarship Application

STUDENT INFORMATION

Name _____ Parent Names _____

Address _____ City, State, Zip _____

Age_____ Date of birth _____ Male ( ) Female ( ) Grade _____ County _____

School _____ Email Address _____

Home Phone _____ Work/Cell Phone _____

CLASS CHOICE

9:00–10:20 a.m. Choice: #1: _____

#2: _____

#3: _____

10:30–11:50 a.m. Choice: #1: _____

#2: _____

#3: _____

Reason for Requesting a Scholarship

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Please mail this application form postmarked by September 22, 2009 to:
Super Saturday Scholarship Committee, UNC Asheville, One University Heights, CPO#1430, Asheville, NC 28804
or fax to 828/232.5123 on or before the September 22 deadline.

***DO NOT** write in this space:*

Scholarship awarded: NO ( ) YES ( ) *Number of classes: 1 ( ) 2 ( )* *Parents notified by mail: YES ( ) NO ( )*

Scholarship awarded by: _____ *County:* _____