

Application for the Humboldt Promise Scholarship

Full Name:		
Date of Birth:	Social Security #:	
Email address:		
Address, City, State, Zip:		
	Parent/Guardian Phone #:	
	nuous enrollment in USD 258 began:	
Anticipated year of high scho	ool graduation:	
Institutions I am considering	attending (only one required):	
Option 1:		
Option 2:		
Option 3:		
What degree do you intend to	o pursue: () Bachelor's () Associate's () Technical/V	'ocational
I have submitted my FAF	SA application.	
_	oviding my academic transcript to the Humboldt Promise S	
	ledge that you are requesting funding from the Humboldt P information provided above is true to the best of my knowl	
Student signature:	Date:	
Parent/guardian signature:	Date:	