



## Robert Martinz Scholarship Application

Deadline – May 15<sup>th</sup>

Full Legal Name:

Preferred Name:

Mailing Address:

City:  State:  Zip:

Phone:

Birth Date:  Email:

Preferred Contact Method:

College Name:

College City:  College State :

Intended Course of Study:

Please select the grade level you will be in the fall:

- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student

### High School Graduation Information

High School Name:

Graduation Date:

**Academic Information:**

**Cumulative GPA**

- 2.0
- 2.25
- 2.5
- 2.7
- 2.75
- 3.0+

**\*Please attach a copy of your most recent transcript**

**Parent / Legal Information:**

**Please provide contact information for a parent of legal guardian.**

**Full Name(s):**

**Relation:**

**Email:**

**Phone:**

**Why do you feel you are a good candidate to receive this award?**

**For Questions**

Please contact us at [info@sweetgrasscommunityfoundation.org](mailto:info@sweetgrasscommunityfoundation.org)

For more about Sweet Grass Community Foundation, please check out our website at

[www.sweetgrasscf.org](http://www.sweetgrasscf.org)



\*Lobbying any employee of SGCF, the Committee, or Board Member before, during or after the scholarship has or has not been awarded is strictly forbidden. This will jeopardize a scholarship in progress or any future requests. Committee members, Board Members and employees are not permitted to discuss applications with anyone outside SGCF.