



Robert Martinz Scholarship Application

Deadline – May 17th

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

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

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.