

**Association of Wisconsin Snowmobile Clubs  
529 Trailside Drive - Suite 100  
DeForest, WI 53532**

**REQUEST FOR AWSC SCHOLARSHIP FUNDS**

*This form must be filled out and returned to the AWSC office 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 your enrollment verification and billing for your first semester must also be included.*

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

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

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

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

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

**School You Will be Attending** \_\_\_\_\_

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

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

*For Office Use Only:*

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