



**VHS Learning**  
**2024 Annual Scholarship Program**  
**Application Form**

**Student Information**

Your legal name and address will be used to send your award check to you if you win.

Student Legal Name \_\_\_\_\_

Student Preferred Name \_\_\_\_\_

Current Grade \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

**School Information**

School Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Phone \_\_\_\_\_

VHS Learning Site Coordinator \_\_\_\_\_

VHS Learning Teacher \_\_\_\_\_

Most Recent VHS Learning Course \_\_\_\_\_