COLLEGE SCHOLARSHIP PROGRAM

Organization Proving Scholarship:_____

Mailing Address:_____City:_____ State:_____ Zip:_____Country:_____

Scholarship Amount and Renewability

____Renewable (Per year $_____ up to a total of $_____ or____ years)   ____ Non-Renewable (Total Amount $_____)

How many scholarships are available? _____   Total value of all available Scholarships $_____

Deadlines and Restrictions

Application Deadline Date: _____

Where the award must be used: ____College or University providing the scholarship

                                                        ____ Any College or University

General Eligibility

____ VEX Competition Participation Only   ____ Academic Merit (requirement):_____

____ Financial need   ____ Specific Course of Study:_____

____ Full Time   ____ Part Time   ____ US Citizen   ____ Permanent Resident   ____International Students

Preferences

_____

_____

Link to scholarship (Contact Information)

Name:_____   Address:_____

Phone:_____   Email:_____

Direct web address for link to scholarship:_____

Type of Organization

____4 Year College or University   ____2 Year Community or Junior College   ____Vocational /Technical School

____Company/Corporation   ____Professional Association   ____Other

Our organization would be interested in exhibiting at the VEX Robotics World Championship Event

____Yes   ____No

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