



established in 2005 by the Radiant Panel Association

Scholarship Application

RADIANT PANEL ASSOCIATION
 PO Box 717 • Loveland, CO • 80537
 Tel: 800.660-7187

Last Name		First Name		Middle Name
Home Address <i>Number, Street, City, County, State, Zip Code</i>				
Home Telephone Number			E-Mail Address (if applicable)	
Date of Birth	Age	Social Security No.		

HIGH SCHOOL INFORMATION

High School Attended				
Office Address <i>Number, Street, City, County, State, Zip Code</i>				
Present Guidance Counselor or Principal			E-Mail Address (if applicable)	
Office Address (if different from School Office Address) <i>Number, Street, City, County, State, Zip Code</i>				
		GPA/Scale Ex.: 3.4/4.0		

Please list three (3) additional teachers (not to include Guidance Counselor or Principal) that you will be asking to act as a reference on your behalf.

1.	Teacher's Name	E-Mail Address (if applicable)
	Office Address (if different from School Office Address) <i>Number, Street, City, County, State, Zip Code</i>	
2.	Teacher's Name	E-Mail Address (if applicable)
	Office Address (if different from School Office Address) <i>Number, Street, City, County, State, Zip Code</i>	
3.	Teacher's Name	E-Mail Address (if applicable)
	Office Address (if different from School Office Address) <i>Number, Street, City, County, State, Zip Code</i>	

SUBMISSION CHECK LIST

Reference Forms and provided envelope forwarded to:

- Principal/Guidance Counselor
- Teacher #1
- Teacher #2
- Teacher #3
- Character Reference

SAT or other college board scores attached, if applicable

Most recently available High School Transcript attached (unofficial copy is acceptable)

APPLICANT SIGNATURE

I declare that this application is true, accurate, and complete to the best of my knowledge and is without material omission. In accordance with the laws governing the confidentiality of student records, I give permission for the High School identified on this application to release grade transcripts, College Board scores and other required information to the Radiant Panel Association and its Scholarship Committee.

Signature of Applicant

Date

PARENT/GUARDIAN SIGNATURE(S)

I/we declare that I/we have examined this application and attest that, to the best of my/our knowledge that the information contained herein is true, accurate, and complete. By signing this form, I agree, in the event that my son or daughter is chosen as a recipient, to allow the Radiant Panel Association to issue a press release containing my son's/daughter's name and photo for publication. In accordance with the laws governing the confidentiality of student records, I give permission for the High School identified on this application to release grade transcripts, College Board scores and other required information to the Radiant Panel Association and its Scholarship Committee.

Signature of Parent/Guardian/Relative that is
a Member of the Radiant Panel Association

Date

Signature of additional Parent/Guardian/Relative
(If applicable)

Date



RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE TO:

**Low Fund Scholarship
Radiant Panel Association
1399 S. Garfield Ave.
Loveland, CO 80537**