



HAVlife Youth Enrichment Scholarship & Schwiebert Extracurricular Request Form

Applications are for individual students only - all responses must be unique to student.

Return form to: Rock Island-Milan Education Foundation
@Rock Island High School
1400 – 25th Ave, Rock Island, IL 61201

Student Name: _____

School: _____ Grade: _____ Age: _____

Amount Requested: _____

Use of Funds (fees, camp, equipment, etc.): _____

Requested By: _____ Phone: _____
(Must be a Teacher, Coach or Principal)

Email: _____

Financial Need Summary: _____

Describe student's area(s) of talent/interest: _____

Please rate the student in the following areas, 1 being best and 5 being the least:

- | | | | | | |
|---|---|---|---|---|---|
| • Dependability | 1 | 2 | 3 | 4 | 5 |
| • Demonstrated talent | 1 | 2 | 3 | 4 | 5 |
| • Desire to continue to develop talent | 1 | 2 | 3 | 4 | 5 |
| • Likelihood they will continue to pursue | 1 | 2 | 3 | 4 | 5 |

RIMEF to write check to: _____

RIMEF to send to: _____