



# COLLINS SCHOLARSHIP

---

EST. 1954

## COLLINS SCHOLARSHIP APPLICATION CHECK REQUEST

Please submit the information below with a copy of your schedule for the semester:

Name:

College ID#:

Name of school:

Official scholarship office address for mailing scholarship checks:

I certify that:

\*I am enrolled for a minimum of 12 hours. I understand that if I go below 12 hours, my scholarship will be revoked.

\*I must maintain the GPA expected of a Collins Scholar.

Signature

Date



2200 W. 4th Ave., Corsicana, TX 75110



903-602-8100



[www.cisd.org](http://www.cisd.org)