



The information contained within this application is true to the best of my knowledge. I understand that misrepresentation or fraudulent information may be grounds for loss of scholarship funds. I understand that, in accepting a scholarship from St. Cloud State University, I give permission to announce my receipt of a scholarship(s) to scholarship donors and University Officials. All personal information as it is related to sobriety/recovery will not be shared and will be kept confidential. I understand that I may be asked to write a letter of thanks to a scholarship donor.

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Signature

Date

**Send your completed application to:**

Corie Beckermann, MS

Director

Student Health Services

St. Cloud State University

720 Fourth Avenue South

St. Cloud, MN 56301-4498