

Toshiaki and Fumiko Saigo Scholarship

Application Information:

Name: _____ Email: _____

SCSU Tech ID# _____ Phone: () _____ - _____

Current Address: _____
Street City State Postal Code

Permanent Address: _____
Street City State/Provence Country Postal Code

Student Organization Information:

1. Name of student organization: _____

2. Purpose of student organization: _____

3. Purpose of the request: _____

Publicity Release:

If you receive a St. Cloud State University scholarship, do you grant permission to release the information to the media?

Yes

No

Certification:

I certify that I have reviewed the application for truth and accuracy. I understand the use of any funds awarded to the organization are restricted to the purchase of supplies as described in the application essay.

Signature of Student Organization President: _____ Date: _____

Signature of Student Organization Treasurer: _____ Date: _____

Signature of Student Organization Advisor: _____ Date: _____

Office Use Only:

Granted:
Denied Semester/Yr: _____
Amount: _____