THE CRAIG AND SUSAN THOMAS FOUNDATION

Prior Foundation Scholarship Recipient Application

PRINT and fill out. Must be postmarked by May 1, 2010

Have you ever received a Craig and Susan Thomas Foundation scholarship before?

Yes – COMPLETE THE APPLICATION BELOW

No – **STOP** and complete the "First-Time Applicants" application.

PRINT, fill out and mail to: Craig and Susan Thomas Foundation, 2780 Olive Drive, Cheyenne, WY 82001

Full Name: _____
First Middle Last

Social Security No.: _____ Major/Field of interest: _____

School or Program Attending
and Mailing Address: _____
Name Address City State Zip

Home Address: _____
Address City State Zip **E-MAIL Address**

Current Address (if different from home): _____
Address City State Zip

Cell Phone Number: _____ Home Phone Number: _____

Parent's Cell Number: _____ Parent's Home Phone: _____

List Current Classes and Midterm Grade:

Class: _____ Grade: _____

Class: _____ Grade: _____

Class: _____ Grade: _____

Class: _____ Grade: _____

Class: _____ Grade: _____

Class: _____ Grade: _____

***Important:* List any factors you wish the committee to consider in judging your eligibility for a scholarship:**

_____

_____

_____

_____

_____

_____

_____ _____
Applicant's Signature Date

_____ _____
Parent or Guardian Signature Date