

RE-UP APPLICATION
THE CRAIG AND SUSAN THOMAS FOUNDATION
Prior Foundation Scholarship Recipient Application
PRINT and fill out. Must be postmarked by May 1, 2012

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 in black ink 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: _____

Required: List reasons why you should receive a scholarship this semester:

 Applicant's Signature

 Date

 Parent or Guardian Signature

 Date