



## AAGT Student Scholarship Application

Students Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

School District: \_\_\_\_\_

Grade: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ email address: \_\_\_\_\_

AAGT Sponsoring Member: \_\_\_\_\_

Letter of recommendation from AAGT Sponsoring Member must be attached.

Please attach the program description and registration materials.

Please attach the recommendation letter and copies of your registration materials to this application and submit the completed application packet to:

AAGT Scholarship Committee  
P.O. Box 31088  
Phoenix, AZ 85046-1088

or fax to 866-693-3119