



# City of Black Hawk Scholarship Program

## SCHOLARSHIP REQUEST

Students awarded the City of Black Hawk Scholarship are eligible to submit a Scholarship Program Request within the following guidelines:

1. Scholarship may be used at institutions of higher education, occupational schools, and trade schools. Graduate level studies are admissible.
2. Scholarships are awarded one (1) installment per semester for a total of eight (8) \$750 awards within a six (6) year span from high school graduating year.
3. Scholarship recipient must submit a **Scholarship Program Request** form for each semester, which shall include the following:
  - a. Recipient must be enrolled full-time in the program of study. Recipient must include upcoming semester's class schedule for enrollment verification.
  - b. Recipient must maintain at least a 2.0 GPA to continue to receive scholarship funds. Recipient must provide verification of GPA for previous semester in the form of a certified transcript or similar. Initial stipend of scholarship award does not require GPA verification.
4. It is the responsibility of the scholarship recipient to submit a Scholarship Program Request for each semester. Failure to provide completed application shall result in denial of request. Scholarship forms can be found on the City's website at [www.cityofblackhawk.org](http://www.cityofblackhawk.org).
5. Scholarship will be paid directly to the institution where the recipient is attending.
6. Scholarship awards are subject to appropriation of funds.
7. Please direct questions to [CityClerk@cityofblackhawk.org](mailto:CityClerk@cityofblackhawk.org) or 303-582-2212.

**Student's Full Name:** \_\_\_\_\_

Class of: \_\_\_\_\_

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

Phone Number: H: \_\_\_\_\_ C: \_\_\_\_\_

Email: \_\_\_\_\_

**School Name:** \_\_\_\_\_

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

Student ID: \_\_\_\_\_

*I hereby authorize the above mentioned institution to release information regarding my academic performance to the City of Black Hawk.*

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**Please attach the following:**

- ▶ Current semester's class registration for enrollment verification.
- ▶ Verification of GPA for previous semester, transcript or similar.

Please send complete request with appropriate documentation to:

**City of Black Hawk**  
ATTN: Scholarship Program  
PO Box 68  
Black Hawk, CO 80422