



VHS Learning
2025 Annual Scholarship Program
Application Form

Student Information

Your legal name and address will be used to send your award check to you if you win.

Student Legal Name_____

Student Preferred Name_____

Current Grade_____Preferred Pronouns: _____

Street Address_____

City_____State_____Zip Code_____

Email_____

Home Phone_____

School Information

School Name_____

Street Address_____

City_____State_____Zip Code_____

School Phone_____

VHS Learning Site Coordinator_____

VHS Learning Teacher_____

Most Recent VHS Learning Course_____