



Arizona Project Challenge Foundation

ARIZONA NATIONAL GUARD

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Toll free: (800) 296-8110 • www.azpc.org

Alumni Scholarship Application

GRADUATING CLASS # _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (____) _____ Email: _____

Male: ___ Female: ___

EDUCATION INFORMATION

College/Trade School Attending: _____

Major/Course of Study: _____

GPA: _____ Number of Credits earned: _____

Projected Graduation Date: _____

Have you received a scholarship from Arizona Project Challenge? If yes, when, what, amount?

Please share with the scholarship committee what you have accomplished, maintain, or achieved since graduating from Project Challenge. (Include service to community, organization(s)/club(s), school, work.)
