

RE-UP APPLICATION
THE CRAIG AND SUSAN THOMAS FOUNDATION
Prior Foundation Scholarship Recipient Application
PRINT and fill out. Must be postmarked by November 1, 2017

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,
P.O. Box 22246, Cheyenne, WY 82003 Fax (307) 222.0612**

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: _____

Name and Phone Number of nearest relative not living with you: _____

List Current Classes and Midterm Grade:

- Class: _____ Grade: _____
- Class: _____ Grade: _____
- Class: _____ Grade: _____
- Class: _____ Grade: _____
- Class: _____ Grade: _____
- Class: _____ Grade: _____

Required: Explain why you should receive a scholarship this semester:

Applicant's Signature

Date

Parent or Guardian Signature
(If under 18 years old)

Date