



Antioch College
Student Application
for the
Legacy or Alumni Scholarship

Student's Name _____ SS# _____

Address _____ City _____

State _____ Zip Code _____ Email _____

Home Phone: _____ Cell Phone: _____

Year in School: _____ Expected Graduation Date: _____

Which Scholarship are you applying for (Please Check)?

Antioch Legacy Scholarship Antioch Alumni Scholarship

Sponsoring Alumni's Information:

Name _____ SS# _____

Address _____ City _____

State _____ Zip Code _____ Email _____

Home Phone: _____ Cell Phone: _____

Date of Graduation from Antioch College: _____

Student's Signature _____ Date _____

Please return the completed application and letter of reference to the Financial Aid office by:

DEADLINE: March 1, 2007