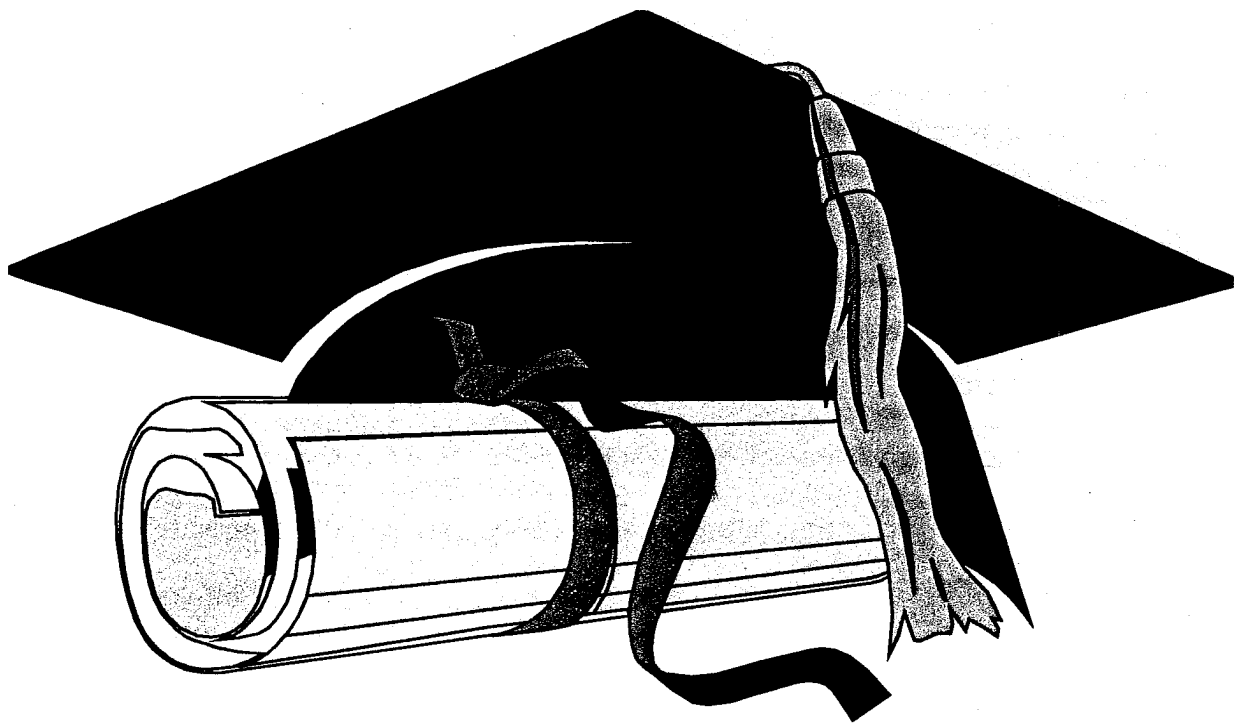


**SACCOMANNO
HIGHER EDUCATION
FOUNDATION
2010-2011**



**Mesa County, Colorado
Carbon County, Utah**

SACCOMANNO HIGHER EDUCATION FOUNDATION POLICY

www.saccomannoed.org

The SACCOMANNO HIGHER EDUCATION FOUNDATION was created to promote the educational pursuits of students in financial need, thus, enabling them to improve their lives, the lives of their families, and those of their community.

This FOUNDATION encourages applications from individuals regardless of age and academic accomplishments. Scholarships are granted for use at accredited colleges, universities, and vocational schools.

Basis of Selection

- ◆ Students must be residents of Mesa County, Colorado, or Carbon County, Utah.
- ◆ Students must prove financial need.

Awards

- ◆ Tuition costs at any college/university or vocational institution.
- ◆ Reasonable allowances for books and fees.
- ◆ On-campus room and board expenses.
- ◆ Awards will be paid directly to the institution. It is the applicant's responsibility to see that institutions directly bill Alpine Trust & Asset Management, 225 North 5th Street, Grand Junction, CO 81501, each semester.
- ◆ Unused funds for the above awards will be returned to the Saccomanno Foundation.
- ◆ Your award, in part, is decided on the cost of the school you planned to attend, as noted on your application. A change in schools may result in a change in the amount of the award.

Application Packets

Each completed application packet must include the following information, all of which must be mailed together in a single envelope:

- ◆ Application: Please type or print clearly, filling out each blank.
- ◆ Appropriate tax returns: If you are 23 years of age or younger, you must submit a copy of your 2009 federal tax returns and that of your parents', guardians' or stepparents' and, if married, your spouse's 2009 federal tax returns. If you have completed a Free Application for Federal Student Aid (FAFSA), please also include this.
- ◆ A letter of recommendation from a faculty member of the most recently attended school or from the present or most recent employer.
- ◆ **Only completed mailed-in application packets will be accepted. They must be postmarked no later than April 2, 2010, and addressed to:**

SACCOMANNO HIGHER EDUCATION FOUNDATION
P.O. Box 3788
Grand Junction, CO 81502-3788

Scholarship Billing/Payment Inquiries or School Changes

- ◆ Please immediately notify **Alpine Trust & Asset Management** upon your decision to change schools and for all scholarship billing/payment inquiries.
Alpine Trust & Asset Management
225 North 5th Street, Grand Junction, CO 81501
(970) 245-5627 Fax: (970) 245-5636 Toll Free: 1-877-808-7878
Attention: Joanne Cornell or Marsha Harbert

Scholarship Renewal

- ◆ Students must reapply every year, as financial situations may change.

APPLICATION for 2010-2011

Instruction: Please read the policy on Application Packet. Type or print clearly. Fill in each blank. Include this application, letter of recommendation, and tax returns in your packet.

1. Name _____
(Last) (First) (Middle)

2. Social Security #: _____ 3. Age: _____ 4. Date of Birth: _____

5. Resident of Mesa County, Colorado _____ or Resident of Carbon County, Utah _____

6. Permanent Home Address _____
(Number & Street) (City)

(County) (State) (Zip) Applicant's Home Telephone # _____

7. Parent's Name and Address _____
(Full Name)

(Number & Street) (City) (County) (State) (Zip)

8. Last School Attended _____
(Name of Institution)

9. Institution to be Attended _____
(Name of Institution)

(Number & Street)

(City) (State) (Zip)

10. Will you be a full-time or part-time student? _____

11. Degree sought: _____

12. Total cost at institution you will be attending for 2010-2011 school year:

Tuition for Year _____
On-Campus Room and Board Only _____
Fees _____
Books _____
TOTAL COSTS

13. List all financial scholarships and grants (excluding loans) received for the 2010-2011 school year.

List your family's contribution to your educational costs _____
List your contribution to your educational costs _____

YOUR TOTAL AVAILABLE FUNDS

(TOTAL COSTS minus YOUR TOTAL AVAILABLE FUNDS) BALANCE NEEDED

14. For mailing purposes (do not write "same as above"), please complete:

Name _____ SS # _____ Phone # _____
(Last) (First)

Address _____
(Number & Street)

(City) (State) (Zip)

School to be attended: _____

Address _____
(Number & Street)

(City) (State) (Zip)

2010-2011 Fall \$ _____
Amount Awarded Spring \$ _____
For Foundation Use Only

