

SUMMER HIGH SCHOOL TRIAL ACADEMY SCHOLARSHIP APPLICATION

Student's Full Name Student's Email Address How much of a tuition reduction are you seeking? \$450.00 - \$ = \$					
			Please describe below your basis for seeking the re-	eduction in tuition.	
Signature of Student	Date				
Signature of Parent/Guardian	Date				

Email this signed Scholarship Application to DSchott@law.du.edu.