

Student Name: _____ **Student ID#:** _____

School/University: _____

Dear Professors,

The above named student has applied for a spring cycle of the Qaid Staten Memorial Scholarship Fund, a merit and need based tuition and special program scholarship fund. Please fill out the below information so that we can verify the student’s standing, as fall semester grades do not post until after our decision deadline. Thank you for your time. Feel free to contact me at QaidScholarship@gmail.com, 267-757-0726 and to learn more about the fund, visit www.statencharitabletrust.org.

Dana Brady, Development Director and Scholarship Administrator

<u>Course Name and Number</u>	<u>Current Grade</u>	<u>Comments</u>	<u>Professor Name and Signature</u>	<u>Professor’s School Email Address and Phone Number</u>

When completed, fax, email or mail this form to:
 Dana Brady, Development Director and Scholarship Administrator
 Qaid Staten Memorial Scholarship Fund
 Fax: 267-757-0725
 506 Corporate Drive West, Langhorne, PA 19047