



Application Form

Name: _____

Position/Title: _____

School District Name: _____

School District Address: _____

City: _____ State: _____ Zip: _____

Work Telephone: _____ Mobile Number: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Program Currently Enrolled in or Accepted into:

Student ID # _____

Admissions and Records Contact Information:

Phone: _____ Email: _____

Email all application materials to ALAS:

operations@alasedu.org

Subject Line: "ALAS GCU Scholarship First & Last Name"

A confirmation email will be sent upon receipt. If you have any questions about the application process, email contact@alasedu.org or call 202-466-0808.