

Spring Semester

INTERNAL USE ONLY

Entered \_\_\_\_ - \_\_\_\_ - \_\_\_\_ By \_\_\_\_

Check # \_\_\_\_ Mailed \_\_\_\_ - \_\_\_\_ - \_\_\_\_

# Sibanye-Stillwater Scholarship Renewal Form

Student Name: \_\_\_\_\_

Parent (Employee)  
Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

City, ST & Zip: \_\_\_\_\_

Current/New School: \_\_\_\_\_

Student Email: \_\_\_\_\_

Previous School:  
(If Applicable) \_\_\_\_\_

School Address: \_\_\_\_\_

Prev School Address: \_\_\_\_\_

City, ST & Zip: \_\_\_\_\_

City, ST & Zip: \_\_\_\_\_

School Year: \_\_\_\_\_

Estimated GPA: \_\_\_\_\_

**\*\*Copies of school Official Transcripts must be sent to us to process scholarship request!  
School Transcripts must be an Official Transcript!\*\***

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit To:**  
***US.Scholarships@sibanyestillwater.com***  
**Or**  
***Sibanye-Stillwater Scholarship Committee***  
***PO Box 1330***  
***Columbus, MT 59019***  
***Phone: (406) 322-8930***