



**ARROW SECURITY**  
GET ARROW - GET SECURE

**Scholarship Program**  
**REQUEST FORM**

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_ Date Received: \_\_\_\_\_

Name of Person Applying for Scholarship : \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Years With Arrow Security: \_\_\_\_\_ Committee Person Reviewing Employee File: \_\_\_\_\_

Are there Multiple Candidates? \_\_\_\_\_ Any Employee Violations In Personnel File? \_\_\_\_\_

Employees Direct Supervisors Comments:

Presented to Committee for Review? \_\_\_\_\_ Committee Member Taking Lead: \_\_\_\_\_

Committee Comments:

Committee Recommendations: \_\_\_\_\_ Date of Raffle Drawing: \_\_\_\_\_

Person who Picked Raffle: \_\_\_\_\_

Was Employee Selected during Raffle?

Committee Chairperson Review: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Member Review Panel:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_