

Wasatch County School District Utah Fits All Scholarship – Course Request

Today's Date:			
Student Legal First Name:	Leg	gal Last Name:	
Parent First Name:	Pare	ent Last Name:	
Address:		City:	Zip:
Which school are you reques	sting to take courses from?		
☐ Timpanogos Midd	lle School □Rocky Mountain M	liddle School	
☐ Wasatch High Sch	ool Wasatch Learning Acade	emy	
What course(s) are you requ	esting? (Please refer to our website	e for courses and pricing)	
School	Course	Term(s)	<u>Cost</u>
criteria, or if a school/cla District protocol. • All UFA Scholarship s wasatch.edu/registration • Invoices will be issue through Class Wallet. Pla	ess is at full capacity, or if a students are required to registed in this will not jeopardize you at the end of each term. Pare ease make all payment prompt	dent does not meet of er with the Wasatch (our UFA Scholarship b rents are responsible tly.	ents who do not meet our enrollment course grade level appropriateness and County School District (WCSD) at ut is required prior to enrollment. to submit invoices and request payment sible for payment of any and all
I confirm that this student ha	as been awarded the UFA Scho	larship and that I've	read and agree to the terms above.
Parent Signature:		Date:	
Administrator Signature:		Date:	