

# \$4000 Scholarship

## Open To Arizona High School Seniors

### Mail-In Scholarship Form

ICE HOUSE Productions is committed to the education, success and encouragement of all our Arizona students.

\*\*\*\*\* SUBMISSION DEADLINE EXTENDED to February 28<sup>th</sup>, 2005 \*\*\*\*\*

**To enter ONLINE**, please go to [www.IceEscape.com](http://www.IceEscape.com) and click the \$4000 Scholarship Menu Button on the left.

**To enter by MAIL**, please mail this SCHOLARSHIP FORM and SEPARATE TYPED/PRINTED 2500 -3500 WORD ENTRY to:

**ICE HOUSE PRODUCTIONS**  
**Scholarship Program**  
**PO Box 8829**  
**Scottsdale, Arizona 85252**

Don't forget to include Entry Fee. Entry fee may be made by Check or Money order payable to ICE House Productions, LLC

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Current School:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Genre of Entry (circle one below)    **Sci-Fi/Fantasy**    **Romance**    **Fiction**    **Non-Fiction**    **Adventure**    **Mystery**  
**Horror**    **Self-Help**    **Religion**    **Other** \_\_\_\_\_

Please give us some information about the school you would like to attend after graduating high school (Prize money will be paid to the school of choice for tuition in the student's name)

**School Name:** \_\_\_\_\_ **School Phone (for verification)** \_\_\_\_\_

**City and State in which School is located:** \_\_\_\_\_

**Type of Educational Facility (circle one below)**

**University**    **Community College**    **Technical/Vocational**    **Other** \_\_\_\_\_

\$10 Entry Fee may be paid by Check, Money Order or Cashier's Check. Sorry, no cash accepted.

Please make payments to: Ice House Productions, LLC

I am paying by (circle one below)

**Check**    **Money Order**    **Cashier's Check**

I have read the Contest Rules and understand and agree to abide by them. I also agree to accept the decision of ICE House Productions and its judges. I understand that if I do not meet the residency, scholastic or submission requirements I will be disqualified from the contest and will forfeit my \$10 entry fee. I have read and understand the Scholarship Form.

**SIGNED** \_\_\_\_\_ **DATED:** \_\_\_\_\_

**PRINTED** \_\_\_\_\_

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS BOX

ID: \_\_\_\_\_ Genre: \_\_\_\_\_

Paid: \_\_\_\_\_ Date Received: \_\_\_\_\_

Current Status: Verified \_\_\_\_\_ Invalid \_\_\_\_\_ Need Info to Verify \_\_\_\_\_

School of Choice: Verified \_\_\_\_\_ Invalid \_\_\_\_\_ Need Info to Verify \_\_\_\_\_