



Dear Scholarship Recipient,
Congratulations on earning your scholarship! To claim your payment, you must complete this Check Request form. Please provide us with the most accurate contact information as possible. Failure to provide us with an accurate mailing address or lost checks could result in additional fees, which will be deducted from award money. If you change your mailing address or email address, please let us know immediately.

SCVSF CHECK REQUEST FORM

Please type or print neatly, and fill in every blank:

Name: _____

Mailing Address: _____

City, State, Zip: _____

E-Mail Address: _____

Parent's E-mail Address: _____

Parent's Mailing Address: _____

High School Attended: _____ **High School** Graduation Year: _____

Scholarship Name: _____ Total Dollar Amount Awarded: _____

Payment Request number _____ of _____ for (total amount of THIS request) \$ _____

Name of College Attending: _____

To SCVSF: I am attaching the following items (only 1 claim per 12 month period):

First Request

Second and Subsequent Requests:

Thank you letter to sponsor

Transcripts from previous quarter/semester

Current Schedule of college classes (+12 units)

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Please send the above items with this check request as your cover letter to:

Santa Clarita Valley Scholarship Foundation
P.O. Box 220236
Santa Clarita, CA 91322-0236

Please be sure to affix the proper amount of postage and **please do not** send mail with a signature requested as this will delay the processing of your check.

Documents may also be emailed to scvsf70@gmail.com.

Thank you,

Ginny Gregor - Awards Administrator`