



CALIFORNIA HIGH SCHOOL RODEO ASSOCIATION 2025 SCHOLARSHIP REDEMPTION FORM



Return this completed form to:

CHSRA D4
Attn: CHSRA District 4 Scholarship Program
455 El Camino Real S
Salinas, CA 93908

Award Scholarship Amount: \$ _____
Awarded by: District 4 Scholarship Program

Payment will be made directly payable to the school.

1. _____
Recipient's Name Phone Number
- _____
Address City, State ZIP
- _____
Student ID Number

AND

2. _____
Name & Title of School Representative Phone Number
- _____
School Name

SCHOOL SEAL

Last day of withdrawal without financial penalty.

****NO CHECKS WILL BE ISSUED
UNTIL THIS HAS PASSED****

Please contact Kathleen Goetz at (831) 261-6693 or chsrad4secretary@gmail.com if you have any questions.