



SANTA CLARITA VALLEY SCHOLARSHIP FOUNDATION

Dear Scholarship Recipient,

Congratulations on earning your scholarship award. To claim your award payment, you must complete the Check Request form below. Please take care to provide us with the most accurate contact information as possible. A note for the future: If you change your address/email address, please let us know so we can update our records accordingly and contact you if necessary. Thank you, and continued best wishes on your educational journey.

SCVSF CHECK REQUEST FORM

Please print neatly:

Name: _____

Mailing Address: _____

E-mail Address: _____

Parent's E-mail Address: _____

High School Attended: _____ Graduation Year: _____

Scholarship Award Name: _____

Amount of Scholarship Award: \$ _____

Payment: First Pymt Second Pymt (if applicable) for amount of \$ _____

Name of College Attending: _____

To SCVSF: I am attaching the following items:

First Request

- Thank you letter to sponsor
- Current Schedule of classes (12 or more units)

Second Request (if applicable)

- Transcripts from previous semester
- Current schedule of classes (12 or more units)

Please mail these items with this completed Check Request form to the P.O. Box address below.

Thank you,

Josy Block, SCVSF Awards Administrator

www.scvsf.org

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

Email: president@scvsf.org – Phone: 661-251-9457