



Dear Scholarship Recipient,

Congratulations on earning your scholarship! To claim your payment, you must complete the Check Request form below. **This form MUST accompany all check requests.** Please take care to provide us with the most accurate contact information possible. Failure to provide us with an accurate mailing address could result in lost checks and additional fees if checks need to be re-issued. Any fees will be deducted from monies owed. Thank you, and continued best wishes through your educational journey.

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 Email Address: _____

Parent's Mailing Address: _____

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

Scholarship Name: _____ Total Dollar Amount Awarded: _____

Name of College Attending: _____

To SCVSF: I am including the following items:

- ☐ SCVSF Check Request Form
- ☐ Thank you letter to sponsor
- ☐ Current Schedule of classes (+12 units)

All materials can be emailed to checkrequest@scvsf.org **OR** sent by mail to:

SCV Scholarship Foundation
PO Box 220236
Santa Clarita, CA 91322-0236

Please be sure to affix the proper amount of postage, if mailing.