

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 as possible. Failure to provide us with an accurate mailing address or lost checks could result in additional fees if checks need to be re-issued. Any fees will be deducted from monies owed. A note for the future: If you change your mailing address or email address, please let us know so we can update our records accordingly to contact you if necessary. Thank you, and continued best wishes throughout your educational journey.

SCVSF CHECK REQUEST FORM

Please type or <u>print neatly</u> , 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:
Name of College Attending:	
To SCVSF: I am attaching the following items: Thank you letter to sponsor	
Current Schedule of classes (+12 units)	
Please mail the above items with this check request as your cover Santa Clarita Valley Scholarship Foundation P.O. Box 220236 Santa Clarita, CA 91322-0236 OR:	letter to:
Email your documents to scvsf70@gmail.com	

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

Thank you, **Ginny Gregor Awards Administrator**