



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 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 (1 claim per academic year, i.e., July 1 - June 30):

First Request

- Thank you letter to sponsor
- Current Schedule of college classes (+12 units)

Second and Subsequent Requests:

- Transcripts from previous quarter/semester
- Current Schedule of college classes (+12 units)

Please mail the above items with this check request as your cover letter to the PO Box address below. 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

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Helping Today's Scholars Become Tomorrow's Leaders