



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](mailto: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.