



Stanwood-Camano Area Foundation
P.O. Box 1209
Stanwood, WA 98292
(360) 474-7086

Connecting People Who Care With Causes That Matter

Scholarship Claim Form

Scholarship Information:

Name of Scholarship: _____ Amount: _____

Student Information: (If claiming more than one scholarship the info below is needed on only one form)

Student Name _____

Address _____ City/State/Zip _____

Phone _____

Email Address _____

Mailing Address of Educational Institution's Financial Aid or Scholarship Office:

Student College ID# _____ Attention: _____

Name of Institution _____

Mailing Address _____

City/State/Zip _____

Fund Disbursements:

Combined scholarship funds of \$1,000 or more will be allocated over the school year.

All scholarship funds are sent directly to the educational institution. You must submit your claim form at least two weeks prior to the date funds are required to allow sufficient time for processing. SCAF reserves the right to deduct a \$25 re-processing fee on any funds returned to us due to withdrawal or failure to register before sending the balance to a new school.

Date funds required _____

Extension Requests: If you are submitting an extension request, keep this claim form and submit it when you are ready to use your funds. It is your responsibility to keep SCAF informed if you do not use funds by the date stated on your extension request.

Signature of Student

Date

Signature of Parent (for students under 18 years of age)

Date