



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

Connecting People Who Care With Causes That Matter

Scholarship Extension Request Form

If you are not planning to use your scholarship funds this fall but are planning to do so within two years of the date of award, you must request an extension for your scholarship funds to be held. This extension request form must be submitted to SCAF for funds to be held. Failure to request an extension may result in scholarship funds being rescinded.

Scholarship Information:

Name of Scholarship: _____ Amount: _____

Student Information:

Student Name _____

Address _____

City, State, Zip _____

Phone number _____

Email Address _____

Reason for Extension Request: _____

Expected Use Date (required): _____

It is your responsibility to keep SCAF informed of your plans if you do not use funds by the date originally requested. Failure to do so will result in unused funds being rescinded after this date.

Signature of Student

Date

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

Date