



SCHOLARSHIP REQUEST FORM

Congratulations for being selected as one of the recipients of the WESTOP SoCal Chapter Scholarship 2019!

Please submit this form along with proof of registration for the college/university you are attending for the Fall 2019 semester/quarter so the award can be processed and a check be sent to you as soon as possible.

Proof of registration can either be a printout of your class schedule, a transcript or official enrollment verification from your school's registration and records office. Please return this form as soon as possible.

AWARDEE INFORMATION

Student Last Name

Student First Name

Home Address *(Include apartment or unit number if applicable)*

City

State

Zip

()

Student Email Address

Student Phone #

University/College Attending

Proof Enclosed: Class Schedule College Transcript Official enrollment verification

Student Signature

Date

SEND THIS FORM TO:

WESTOP SoCal Chapter
 Attn: Miguel Zarate Jr.
 Riverside City College
 4800 Magnolia Avenue
 Riverside, Ca 92506

Phone: (951) 328-3532
 Email: Miguel.Zarate@rcc.edu

OFFICE USE ONLY

DATE	DESCRIPTION/PURPOSE	EXTENDED COST	ACCOUNT CODE
	SoCal WESTOP Scholarship		47-25
Check # _____ Date Issued _____ Treasurer Approval _____			