

Scholarship Remittance Document

Date: _____

Please fill out all information requested for accurate disbursement of funding.

Recipient Information

Name: _____

Address: _____

E-Mail: _____

Phone number: _____

Student ID and/or SS#: _____

College/University/Vocational/Technical School Information

Name of College/University: _____

Address: _____

Contact Person in the College/University Scholarship Office: _____

Phone number: _____

Date when funds are to be sent: _____

(This scholarship has a one (1) year expiration date from the date on the Certificate.)

If there are any changes to the above information, please contact us.

Remit all forms to:

Salida Sunrise Rotary
Scholarship Committee
PO Box 1044
Salida, CO 81201