**RECIPIENT INFORMATION**

**NAME:** Click here to enter text.

**ADDRESS:** Click here to enter text.

**PHONE:** Click here to enter text.

**EMAIL ADDRESS:** Click here to enter text.

**NAME OF COMPETITION & YEAR SCHOLARSHIPS AWARDED:** Click here to enter text.

**NAME OF DIRECTOR:** Click here to enter text.

**COLLEGE/UNIVERSITY INFORMATION**

**NAME OF INSTITUTION: Click here to enter text.**

**COMPLETE MAILING ADDRESS:** Click here to enter text.

**NAME OF FINANCIAL AID CONTACT:** Click here to enter text.

**PHONE & EMAIL OF FINANCIAL AID CONTACT:** Click here to enter text.

**STUDENT ID NUMBER:** Click here to enter text.

***The following attachments are required and must be included with this document when requesting your scholarship:***

**Copy of current tuition bill**  **Copy of current course schedule**

**Please mail or email scholarship request form and attachments to the following and send an email to** [**directors@missoregon.org**](mailto:directors@missoregon.org) **with request form and attachments (this is for our records).**

**Oregon Scholarship Foundation   
Attn: Piper O’Brien  
PO Box 109, Seaside OR 97318**[**oregonscholarshipfoundation@gmail.com**](mailto:oregonscholarshipfoundation@gmail.com)

***I have read this document and understand that I must follow the instructions as well as the rules/regulations for disbursement of scholarships.***

**Signature of Recipient:**

**Social Security Number:** Click here to enter text.

**Date: Click here to enter text.**