



Scholarship Check Request

Email the Completed Request to: sarah_west@transportationfoundation.org

Please write Scholarship Check Request and the name of your scholarship in the memo line of the email.

Scholarship Name: _____

Scholarship is (check box): Partnered Endowed

How Many People Applied to this Scholarship? _____

Contact Person/Program Coordinator: _____

Phone: _____ **Email:** _____

Photos: Please send a photo of your recipient(s). May CTF use the photo(s) you provide in our informational materials, and announcements on social media to help us raise funds for future scholarship winners? (check box) Yes No

Scholarship Recipient:

Recipient's Name _____

Expected/Current Major/Field of Study _____

Total Award Amount _____

School Attending or Accepted to Attend _____

Phone (_____) _____

Email _____

Make Scholarship Check Payable to: _____

Address to Send Check to: _____

City _____ State _____ Zip _____

Scholarship Recipient:

Recipient's Name _____

Expected/Current Major/Field of Study _____

Total Award Amount _____

School Attending or Accepted to Attend _____

Phone (_____) _____

Email _____

Make Scholarship Check Payable to: _____

Address to Send Check to: _____

City _____ State _____ Zip _____

Scholarship Recipient:

Recipient's Name _____

Expected/Current Major/Field of Study _____

Total Award Amount _____

School Attending or Accepted to Attend _____

Phone (_____) _____

Email _____

Make Scholarship Check Payable to: _____

Address to Send Check to: _____

City _____ State _____ Zip _____