



American Legion Auxiliary
Department of Washington

FORM FOR RECEIVING SCHOLARSHIP FUNDS

This form is to be filled out by the student who has been given the scholarship and submitted to the Department of Washington, P.O. Box 5867, Lacey, WA 98509-5867 for payment.

STUDENT INFORMATION:

You must attach a copy of your proof of acceptance to the College as the check will be sent to the college you will be attending to be applied to your account. Please make sure that all information is filled out completely and accurately to ensure prompt payment.

Name of Scholarship: _____ Amount: _____

Name: _____ Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Name of College: _____ Student ID Number: _____

Address of College: _____

City: _____ State: _____ Zip: _____