



STANWOOD-CAMANO AREA FOUNDATION

2010 Scholarship Acknowledgment Form

Congratulations on being awarded a 2010 Stanwood-Camano Community Scholarship!

The amount of your scholarship is: \$_____

Your scholarship is administered by the Stanwood-Camano Area Foundation. In order to claim your scholarship, there are **three steps** for you to complete **by August 1st, 2010**:

1. Complete the attached **Scholarship Acknowledgement Form**.
2. Write a meaningful **thank you card** to the organization that awarded your scholarship.
3. Return **BOTH** of the above items to:

Stanwood-Camano Area Foundation
PO Box 1209
Stanwood, WA 98292

Once the Foundation receives **BOTH** of these items, a scholarship check will be issued to your school. We will forward your thank-you note to the organization that awarded your scholarship.

Scholarship checks are generally issued by August 15th. If your check needs to be issued earlier than that, please contact us.

Again – congratulations and best of luck!! Please call or email with questions,

Theresa Metzger
Executive Director

theresa@s-caf.org
(360) 629-6878



STANWOOD-CAMANO AREA FOUNDATION

2010 Scholarship Acknowledgment Form

NOTE: Return this form AND your thank you note to
SCHOLARSHIPS, PO BOX 1209, STANWOOD, WA 98292

If the completed Acknowledgement Form and Thank You Note are not received by **AUGUST 1st**
your scholarship award may be withdrawn and an alternate selected.

STUDENT INFORMATION:

Student's name _____

Permanent address _____

City, State, Zip _____

Permanent phone number _____ Alternate number _____

Email Address _____

Student's college ID# _____

OPTIONAL: Return a picture that can be used in promotional activities, including posting to the community scholarship website.

Mailing Address of your Educational Institution's Financial Aid or Scholarship Accounts Office:

Name of Institution _____

Address _____ City _____ St _____ ZIP _____

Attn: Mr./Mrs./Ms. _____

*I acknowledge this scholarship grant of \$_____ for the _____
Scholarship, administered by the Stanwood-Camano Area Foundation. I certify that this money will be used solely for
tuition or education expenses related to my course requirements paid directly to the educational institution named above. If
I am unable to use this grant during the current school year, I will notify the Stanwood-Camano Area Foundation. Unless
prior arrangements are made, unused funds shall be returned directly to the Stanwood-Camano Area Foundation.*

Signature of student _____ Date _____

DO NOT DETACH

FOR THE EDUCATIONAL INSTITUTION:

Enclosed is a check for \$_____ issued by the Stanwood-Camano Area Foundation on behalf of
_____, to be deposited to the student account referenced above.

Please observe the following requirements for disbursement:

- The student must be registered full time (a minimum of 12 credits per quarter or equivalent).
- These funds are to be used solely for tuition, books, and supplies directly related to course work at your institution for the 2010-2011 academic year.
- It is the intention of the Stanwood-Camano Foundation that this award be used first to reduce the student's unmet financial need. If no unmet need exists, we request that the school reduce the self-help portion of the financial aid package – first to reduce loans, then work study.
- Awards in excess of \$500 should be allocated over the school year.
- If the student transfers to another institution or withdraws prior to expending the amount of this scholarship, any remaining funds shall be returned to the Stanwood-Camano Area Foundation.
- Send a receipt acknowledgment to **SCAF, PO Box 1209, Stanwood, WA 98292**

If you have any questions, please call 360.629.6878 or email info@s-caf.org. THANK YOU!