



STANWOOD-CAMANO AREA FOUNDATION

2010 Scholarship Renewal Form

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

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

1. Complete the attached **Scholarship Acknowledgement Form**.
2. Write a **paragraph** about your past year at college and your plans for the upcoming year.
3. Obtain a copy of your **Transcript**.
4. Return **ALL** of the above items to:

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

Once the Foundation receives **ALL** of these items, a scholarship check will be issued to your school.

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 Renewal Form

NOTE: Return this form, your paragraph AND your transcript to
SCHOLARSHIPS, PO BOX 1209, STANWOOD, WA 98292

If the completed Acknowledgement Form, paragraph and transcript are not received by **AUGUST 1st** your scholarship award may be withdrawn and an alternate selected.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!