



*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: \_\_\_\_\_