



## Scholarship Check Request Form

Recipient Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of the school you will be attending: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Total credit hours are you registered for: \_\_\_\_\_

Date Classes Begin: \_\_\_\_\_ Date Tuition Payment is Due\* \_\_\_\_\_

*\* Please note, RMHC cannot guarantee that funds will arrive at your school by the tuition payment deadline.*

Provide the address at your school where scholarship payments should be mailed:

*Be sure to include department names, box #s, and any special instructions to ensure your check is sent to the right place. If you are unsure about this information, call the school directly.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What year did you graduate high school?: \_\_\_\_\_

Please list any colleges/universities/trade schools you have attended previously, other than the school listed above: \_\_\_\_\_  
\_\_\_\_\_

**If your contact information has changed, please give us your current information:**

Mailing Address: \_\_\_\_\_

Street

City, ST, ZIP

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Submit by e-mail to [scholarships@rmhlv.org](mailto:scholarships@rmhlv.org), fax to (702) 252-7345, or mail to: RMHC Scholarships, 2323 Potosi St., Las Vegas, NV 89146

**Your scholarship check will not be sent until this form and class schedule are received.**

**FIRST YEAR RECIPIENTS MUST SUBMIT A CHECK REQUEST FORM AND CLASS SCHEDULE FOR EACH SEMESTER.**

I, \_\_\_\_\_ have read and understand the RMHC® Scholarship Program Requirements. I have satisfied all questions and concerns regarding these requirements by speaking with a representative from RMHC. I assume responsibility for meeting these requirements and have completed this form to the best of my knowledge and ability. I understand that representatives of the RMHC Scholarship Program may verify the accuracy of the information included on this form. I understand that failing to meet these requirements and/or submitting false or misleading information may result in my scholarship funds being forfeited.

Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required only if recipient is under 18)

Parent/Guardian Name (please print): \_\_\_\_\_

### FOR RMHC OFFICE USE ONLY

Check Amount: \$ \_\_\_\_\_

SEMESTER:  Fall  Spring  Other: \_\_\_\_\_

Freshman  Alumni Approved: \_\_\_\_\_

Date SI