



SAN LUIS OBISPO HIGH SCHOOL
 COLLEGE & CAREER CENTER
 1499 San Luis Drive
 San Luis Obispo, CA 93401
 cmartin@slcusd.org

SLOHS SCHOLARSHIP CLAIM FORM

Due to the SLOHS Career Center NO LATER than OCTOBER 1st

Name of Student: _____ Class of: _____
 Student ID # at College or university attending _____
 Name of Scholarship: _____
 Check is to be issued to what college or university: _____

Student address where check is to be mailed. This must be an address with reliable mail service; not a dorm room or apartment building. Parent's address is best.

Cell phone number of Student: _____

Name/s of Parent/s: _____
 Parent Cell Phone Number: _____

Student E mail address: _____

SCHOOL OF ATTENDANCE (Full time = 12 units or more)

Name of School: _____

PLEASE ATTACH: *Proof of Enrollment* from your college or university showing your courses. This can be a receipt OR portal print out of classes for first semester or quarter of classes. It may also be in the form of a letter from the Registrar, an official transcript, or a receipt for payment of courses. Make sure your name, the institution you are attending, and full-time status are included. Mail this CLAIM FORM and PROOF OF ENROLLMENT to the address above NO LATER THAN OCTOBER 1st or your scholarship funds may be forfeited.

I certify the funds I have been awarded will be used for educational purposes only.

Scholarship Recipient Signature _____

Questions: Contact the COLLEGE & CAREER CENTER AT SLOHS