

RMHC® Scholarship Program

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, fax to (702) 252-7345, or mail to: RMHC Scholarships, 2323 Potosi St., LV, NV 89146

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

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: \$ _____ Fall Spring Other: _____ Freshman Alumni

Approved: _____ Check Cut: _____ SF: _____ Check Sent: _____ Check #: _____
Date SI Date SI Date SI Date SI