



# Scholarship Request Form

## Sandy Sokol Memorial Fund

**REMITTANCE: Via Mail or E-Mail at the Addresses Below.**

**\*\*Please include a copy of your current registration, along with your fee statement from the school.**

### Recipient Information

|                  |  |
|------------------|--|
| Name             |  |
| Address          |  |
| City             |  |
| State            |  |
| ZIP Code         |  |
| Telephone (home) |  |
| Telephone (cell) |  |
| Fax              |  |
| E-Mail           |  |

### School's Finance/Scholarship Office Information **\*\* (an incorrect address will cause delay in payment) \*\***

|                       |  |
|-----------------------|--|
| School Name           |  |
| Address               |  |
| City                  |  |
| State                 |  |
| ZIP Code              |  |
| Telephone (extension) |  |
| Fax                   |  |
| E-Mail                |  |
| Contact Person        |  |

**Amount Requesting or Awarded: \$ \_\_\_\_\_ Due Date: \_\_\_\_\_**

**\*\*University Student ID Number: \_\_\_\_\_**

### Special Directions:

*16131 FM 912, Washington, Texas 77880*

*[www.SandySokolMemorialFund.com](http://www.SandySokolMemorialFund.com)*

*979.421.0310*

*[courtney@sandysokolmemorialfund.com](mailto:courtney@sandysokolmemorialfund.com)*