

Shasta High School Scholarship Disbursement Form

1. Attach a copy of your college registration to this form.
2. Return this form with the above attachment to **Allison Taylor**.

2500 Eureka Way, Redding, CA 96001

Fax: 530-241-9571

Email: ataylor@suhsd.net

Student's Name: _____

Student's Address: _____

Student's Phone: _____ Student's Email: _____

College Attending: _____ Enrollment Date: _____

Scholarship Awarded: _____ Scholarship Amount: _____

Student's Signature: _____ Date: _____

For Office Use Only

Approved by _____ (Scholarship Coordinator)

Check Number: _____ Date: _____ Received by: _____