2023 CALIFORNIA HIGH SCHOOL RODEO SCHOLARSHIP

District Scholarship Claim Form

RETURN THIS FORM TO: CHSRA District 4

Attention: Kathleen Getz 455 El Camino Road South

Salinas, CA 93908

chsrad4treasurer@gmail.com

| Award Scholarship Amount: Award Scholarship Amount: | Awarded by: Distric Awarded by: | t 4 Scholarship Program | |
|-----------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------|--|
| Award Scholarship Amount: | Awarded by: | | |
| Payment will be made directly payable to the | school. | | |
| 1 Recipient's Name | Phone Number: | | |
| Social Security Number / Student ID Number: | | | |
| Address | City, State | Zip Code | |
| | AND | | |
| 2. Name / School Representative | Phone Number: | | |
| Title of Representative | | SCHOOL SEAI | |
| School Name | • | Please verify that all student fees are paid prior to endorsing your part of the check. | |
| Last day of withdrawal without financi | ial penalty | | |

NO CHECKS WILL BE ISSUED UNTIL THIS DATE HAS PASSED

Please contact Kristie Fowler @ kristie@bretfowlerconstruction.com if you have any questions.