



YOUTH FOCUS INC.

CALIFORNIA STATE YOUTH ACCOLADES

Official Scholarship Request Form

This form serves as a formal request for a scholarship earned as a candidate in the California State Youth Accolades Scholarship Competition.

Year _____ Title/Place _____ Scholarship Amount _____

Full Legal Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

My signature below signifies that I have read and understand the policies governing the disbursement of scholarships as described in the California State Youth Accolades Candidate's Release & Agreement and have fulfilled my responsibilities and meet all requirements.

Signature of Titleholder _____ Date _____

Signature of Parent/Guardian _____ Date _____

Please submit the scholarship to the address below:

Name of College/University _____

Student ID Number _____

Mailing Address for Financial Aid/Bursar's Office _____

City _____ State _____ Zip _____

Phone Number for Financial Aid/Bursar's Office _____

The following items must be attached to this request. Incomplete requests will not be processed.

1. Billing Statement from College/University or other accredited institution.
2. Receipt for reimbursable expenses (e.g. books) as described in the rules pertaining to scholarships and awards (if applicable).
3. Enrollment certification form from College/University or other accredited institution as described in the rules pertaining to scholarships and awards.

Submit this completed form to:

Youth Focus Inc.
3031 Tisch Way, 110 Plaza West
San Jose, CA 95128

Questions may be directed to:

Kristina Stamper, Entrants Director
(209) 612-6930
kristina@youthfocusinc.org

For office use only:

Postmark date received _____ Verification of Enrollment received _____ Billing Statement received _____

Director Approval _____ Date Mailed _____ Check No. _____