

NC State Association Scholarship Fund

Request For The Awards Check

Student:

Name _____

Address _____

E-Mail Address _____ **Phone** _____

School Student will be attending. _____

Student will be: ☐ Full Time ☐ Part Time ☐ Continuing Education

Parent Adult to whom the check will be issued:

Name _____

Address _____

**I understand that if applicant does not complete at least one semester during the _____
school year I will refund the entire award amount to the NC State Association Scholarship Fund.**

Signed _____ **Date** _____

Please mail this form to me THREE weeks before the money is needed.

**Bill Stirewalt, TREASUER
NC State Association Scholarship Fund
951 Mt. Pleasant Road
Mt. Pleasant, NC 28124**

**704-467-0273
Bill1929nc@gmail.com**