



Starkville Foundation for Public Education (SFPE)

Scholarship Claim Request

If you need assistance with completing this form, please email the SFPE Scholarship Chair at sfpescholarships@gmail.com.

SFPE scholarships are paid directly to the institution of the student's choice. The information on this form is required so that the student's account is credited correctly. Once the form is received the student will receive confirmation by email.

Complete the information below and forward this form via one of the methods listed below:

1. Complete the form online, save and email the form with the required documents
(See Section B) to: sfpescholarships@gmail.com
2. Complete the form online, print and mail the form with the required documents
(See Section B) to : Starkville Foundation for Public Education
ATTN: Scholarships
P. O. Box 2307
Starkville, MS 39760

Please submit this form at least 30 days before the institution's class start date.

SECTION A: IDENTIFYING INFORMATION (MUST BE COMPLETED BY THE STUDENT. PLEASE PRINT CLEARLY.)

Last Name		First Name		Middle I.	Email	
Local Street Address			City	State	Zip Code	Phone Number
Mark (X) Scholarship Awarded <input type="checkbox"/> Al Nemeth <input type="checkbox"/> Hannah Pote (Female) <input type="checkbox"/> John Moore <input type="checkbox"/> Spirit of SFPE <input type="checkbox"/> Hannah Pote (Male) <input type="checkbox"/> Carrie Hawkins <input type="checkbox"/> Music Legacy <input type="checkbox"/> Paul Scales <input type="checkbox"/> Rosa Ella Perkins						Scholarship Value \$

SECTION B: INSTITUTION INFORMATION (MUST BE COMPLETED BY THE STUDENT. PLEASE PRINT CLEARLY.)

College/University/Trade School Attending				Start Date	Student ID Number
Financial Aid Office Address		City	State	Zip Code	Phone Number

MUST attach a copy of the following documents: 1. Official Letter of Admission 2. Fall Class Schedule

SECTION C: CERTIFICATION AND SIGNATURE

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to submit additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of scholarship funds. I understand that if I withdraw from school, all or the remaining scholarship funds will be returned to SFPE by the institution.

Student's Signature: _____ <i>To sign the form digitally type your name below</i>	Date: _____ <i>Type the date to sign the date digitally</i>
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FOR SFPE USE ONLY

Date Claim Request Received	<input type="checkbox"/> Received via Email <input type="checkbox"/> Letter attached?	<input type="checkbox"/> Received via Mail <input type="checkbox"/> Schedule attached?	SFPE Check No. _____	Date check disbursed
Received by: _____		Amount: \$ _____		