Sioux Central Community School District

Scholarship Award Request for Payment

Please note that the check will be made out to both the student and the college.
Documentation must be provided showing enrollment in the college specified.

Please specify where you wish the check mailed.

Name of Scholarship

_____

Amount of Scholarship Award

$ _____

Student Information

Name: _____

Address: _____

City, State, Zip: _____

Telephone and email: _____

Attending College or Accredited School

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

Send check to: Attending college ☐ Student Information ☐

Please return this form to:

Sioux Central Community School District
Attn: School Business Official
4440 US Highway 71
Sioux Rapids, IA 50585

Note: Please return this form, **along with proof of enrollment at your college, to the business office. Proof of enrollment can be a list of current classes/grades or a transcript from your 1st semester of college.*