



# SCASBO

South Carolina Association of  
School Business Officials

## SCHOLARSHIP INFORMATION FORM

Congratulations on being a recipient of the SCASBO Scholarship! Upon submission of this form, your scholarship will be forwarded directly to the college/university that you will attend in the fall. Please complete and sign this form and return via fax (1-843-623-3434) or email ([bwillard@chesterfieldschools.org](mailto:bwillard@chesterfieldschools.org)) to Mr. Brad Willard no later than June 1, 2017. Information provided by you will be shared with the college/university. Note: Please type or print clearly.

Scholarship Recipient Name \_\_\_\_\_

SSN \_\_\_\_\_

Telephone \_\_\_\_\_  
Area Code Telephone Number

Name of College/University \_\_\_\_\_

Name of Financial Aid Official \_\_\_\_\_

Financial Aid Office Address \_\_\_\_\_  
Street

City State Zip Code

Financial Aid Office Telephone \_\_\_\_\_  
Area Code Telephone Number

I verify that the above information is accurate and that \_\_\_\_\_ will be enrolled  
in \_\_\_\_\_ College/University for the 2017-2018 academic year.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_