ORNING UNION HIGH SCHOOL DISTRICT

Miguel Barriga, District Superintendent

Board Members: Jim Bingham, Larry Glover, Cody Lamb, Reid Lamson, Toni Turri

Scholarship Disbursement Request

Name of Scholarship:

Date:	Name of Scholarship:	
Recipient Name:	Contact Number:	
Mailing Address:	Email Address:	
Year Graduated High School:	First Year in College: YES	NO
REQUIRED DOCUMENTATIO	N ENCLOSED:	
Unofficial transcript verifying en	rollment in at least 12 units for upcoming semester.*	
Copy of grades for previous seme 1 st disbursement request.)	ester demonstrating a "C" average in all courses.* (Do	es not apply to
Four year scholarship recipients MUS	T submit a request with above documentation each s	<mark>emester.</mark>
* Document must display school, student name, grades and u	nits by class, reflecting at least 12 units per semester or 8 units per quarter of cre	dit. Transcript preferred.
DELIVERY METHOD:		
Pick Up Check @ Corning High S	School Business Office.	
Contact me at the following	ng phone and/or email when check is ready (if differe	nt than above):
Phone:	Email:	
Mail to address above.		
	DAYS FOR YOUR REQUEST TO BE PROCESSEI ntation could cause a delay to your request.)

Return completed requests and required documentation to:

Corning Union High School District ATTN: Brittany Lamson 643 Blackburn Ave Corning, CA 96021

Or, email to blamson@corninghs.org