

Sequim Education Foundation

RESTRICTED FUNDS ACCOUNT

Scholarship Award Claim Form^{Rev061911}

Amount of Award \$ _____

This form is used for students to claim scholarship awards held in their name by Sequim Education Foundation. Only persons who have received a registered Sequim Education Foundation Scholarship Award Certificate can claim an award.

To claim your scholarship award, please **attach proof of enrollment** from the university, college, or technical school you will be attending. Mail to Sequim Education Foundation at Post Office Box 3065, Sequim, WA 98382.

Your scholarship award check will be made payable to you for educational assistance at a college, university or vocational school you will be attending, unless you elect to have the educational institution included as a named payee. The check will be mailed directly to you.

Your name must be entered exactly as it appears on your award.

Your Social Security Number is necessary as we are required to report your award to the Internal Revenue Service.

AWARD WINNER

Name: _____

Social Security Number: _____ Birth Date: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

UNIVERSITY, COLLEGE, OR TECHNICAL SCHOOL

Name of Institution: _____

Street/PO Box: _____

City: _____ State: _____ Zip Code: _____

REQUIRED CERTIFICATION

Please read the following information carefully, and sign below. You must sign below or your claim will not be processed.

GENERAL LEGAL IMPLICATIONS

I, the scholarship award recipient, acknowledge that:

- All scholarship awards and earnings are owned by the funding Sequim Education Foundation Scholarship Trust (not me) until I direct the funds to be paid;
- My right to claim a scholarship award or use the proceeds thereof cannot be transferred to anyone;
- Neither the scholarship award nor earnings will be considered an asset of my estate if I were to die;

(Continued on reverse side)

- This scholarship award is a one-time payment limited to the aforesaid amount;
- I plan to attend the aforesaid institution of higher learning until I graduate;
- The scholarship amount paid can only be used for “qualified tuition and related expenses” at an “eligible educational institution” as defined by the Internal Revenue Service. (See IRS Publication 970).

LOSS OF SCHOLARSHIP FUNDS

I acknowledge that the following circumstances will result in the loss of my scholarship award plus any applicable earnings:

- I fail to graduate from high school, or choose not to attend an eligible educational institution;
- I do not have qualified educational expenses;
- I die;
- I become disabled such that I can never attend an eligible educational institution;
- I fail to claim my scholarship award by June 30th of the third year after my high school graduation, EXCEPT, that, persons entering military service may receive a two year extension of aforesaid expiration date provided written request is made prior to June 30th of the third year after high school graduation;
- I reach the age of 24 and there are unused funds in my Sequim Education Foundation Scholarship account;
- I am found to have provided false or misleading information in claiming the award;
- I was misidentified as being eligible to receive an award.

RETURN OF WITHDRAWN FUNDS

I acknowledge that I must return to Sequim Education Foundation any portion of the scholarship funds refunded to me, or to anyone on my behalf and not immediately used for other qualified educational assistance, to be deposited into my SEF Student Scholarship Account.

CERTIFICATION

I certify that:

- I have read this form and I agree with all its terms and conditions;
- I certify that I am the individual identified by the information provided on this claim;
- I agree that, if requested, I will submit my school records as evidence of attendance;
- I understand that, if at some later date it is determined that any of my certifications are false or inaccurate, or that any claim information that I provided is false or inaccurate, my scholarship and any applicable earnings will be forfeited and immediately returned to Sequim Education Foundation.

I, as an eligible award recipient acknowledge by signing below, that I have read, reviewed, understand and agree to the terms and conditions and provisions in the paragraphs above.

Eligible Scholarship Award Recipient's Signature

Date

Parent or Guardian's Signature if Award Winner Under 18 Years Old.

Date

We will not disclose your information. The personal information that you provide in this scholarship award claim will not be disclosed to anyone without your written consent unless the information is authorized or required by state or federal law. Your Social Security Number will be provided to any educational institution that receives a direct distribution of a payment of qualified higher education expenses on your behalf so that the institution can verify your identity.