

Sequim Education Foundation

RESTRICTED FUNDS ACCOUNT

Scholarship Award Claim Form

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 Letter can claim an award.

To claim your scholarship award, please provide: **1)** the following information and **2)** a copy of the letter of acceptance you received from the university, college, or technical school you plan to attend. Mail to Sequim Education Foundation at Post Office Box 3065, Sequim, WA 98382.

Your scholarship award check will be made payable to you and the university, college, or technical training school you plan to attend. The check will be mailed to you.

Your name and Social Security Number must be entered exactly as they appear on your Award Letter.
Your Social Security Number is necessary as we are required to record this transaction for 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 Sequim Education Foundation (not me) until I direct the funds to be paid for qualified higher education expenses on my behalf at an eligible education institution;
- My right to claim a scholarship award or use it to pay qualified higher education expenses at the educational institution I will be attending 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 can only be used for qualified higher education expenses.

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 education institution;
- I reach the age of 30 and there are unused funds in my Sequim Education Foundation Scholarship account;
- I fail to claim my scholarship award by June 30th of the fifth year after my high school graduation;
- 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 qualified withdrawal that is refunded (to me or to anyone on my behalf) by my educational institution and not immediately used for other qualified higher education expenses. If any portion of this refund is subsequently used for other qualified higher education expenses, I will submit to Sequim Education Foundation evidence (for example, dated itemized and paid receipts) showing the portion of the refund amount that was actually used for qualified higher education expenses. I acknowledge that any portion of the refund not used for qualified higher education expenses must be returned to Sequim Education Foundation in the tax year the refund was received and will be deposited into my 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.

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 Winner'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.