

Ruritan National Foundation Endowed Scholarship Fund Annual Scholarship Claim Form

Deadline for Submission to Ruritan Foundation: June 30

(Please Print)

Date: _____

Name of Fund: _____

Contact Name: _____

Contact Address: _____

Contact Phone #: _____

Contact Email: _____

Scholarship Recipient: _____

Recipient's Address: _____

School Attending: _____

School Address: _____

Recipient Student ID # _____

Check will be payable jointly to Student and School

_____ Send Check to above Contact

_____ Send Check to Student

_____ Send Check to School

Please include a copy of any information gathered for student selection for auditing purposes.

Signature:

Mail Completed form to: Ruritan National Foundation, P.O. Box 487, Dublin, VA 24084