



Change of Post-Secondary School Form for Concord Dollars for Scholars Recipients

Date: _____ Year Graduated Concord High School: _____

Student Name: _____

Student Cell #: _____ Student Home #: _____

New College/University Name: _____

New College/University Address: _____

City: _____ State: _____ Zip Code: _____

Student College ID#: _____

Student Social Security #: _____

Original College/University Name: _____

This form must be completed and sent to Renee' Cocanower, Concord Dollars for Scholars at rcocanower@concord.k2.in.us or mailed to:

Concord Dollars for Scholars
Attn: Renee' Cocanower
59040 Minuteman Way
Elkhart, IN 46517
FAX: 574.875.8762

