

CLASS OF 2023 COLLEGE PAYMENT REQUEST FORM

STUDENT NAME	STUDENT ID NUMBER
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Sections below to be completed by college/university/school official

The student named above has enrolled at:	
NAME OF SCHOOL	
SCHOOL OFFICIAL PRINTED NAME	TITLE
SIGNATURE	DATE

Please mail scholarship payment to the following school address:	
SCHOOL / DEPARTMENT	
STREET ADDRESS / PO BOX	
CITY, STATE, ZIP	

**Scholarship check will be made payable directly to the school.*

**Request forms must be received by June 1, 2025.*

Please return the completed form to YDFS

via mail or email:

Mail to:

**Yelm Dollars for Scholars
 PO Box 837
 Yelm, WA 98597**

Email to:

yelmdollarsforscholars@gmail.com

Award amount	
Check number	
Date	