



## Scholarship Distribution Request

PO Box 296  
Pierre, SD 57501  
(605) 224-1025

**All information** on this form must be completed and returned to the South Dakota Community Foundation before any scholarship distributions will be made.

**Application must be filled out by an "authorized" individual, not the student. If handwriting, please make sure to legibly write.** All scholarship checks are made **payable to the higher education institution** he/she will be attending and applied to the student's account.

**Scholarship Name:** \_\_\_\_\_

**Amount of Scholarship:** \_\_\_\_\_

**Distribution Date:** \_\_\_\_\_  
(select fall or spring semester)

**Recipient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date of high school graduation:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Institution recipient will be attending:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Scholarship selection committee member:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_