



## Scholarship Program

### Recipient Information Form

**Due: August 3rd**



(Upon receiving a letter from CSA Fraternal Life that you have been awarded a scholarship, please send this form.)

Application # \_\_\_\_\_  
(please leave blank)

Name \_\_\_\_\_ For the school semester beginning (month/year) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Resident Street Address at School (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Parent/Guardian's Full Name \_\_\_\_\_ Parent/Guardian's Daytime Phone \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Student ID # (if other than Soc. Sec. #) \_\_\_\_\_

Scholarship Award Amount \$ \_\_\_\_\_

#### SCHOLARSHIP CHECKS to be sent to:

Name of School (no abbreviations) \_\_\_\_\_

Attn: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
student signature

\_\_\_\_\_  
date

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date

**Note: If any of the above information changes, you must notify the Fraternal Department. This form must be received by CSA before scholarship funds can be distributed. Send to: CSA Fraternal Dept., 2050 Finley Rd., Ste. 70, Lombard, IL 60148 or email to [alovell@csalife.com](mailto:alovell@csalife.com) by August 3rd. If you have questions, call the Fraternal Dept. at 1-800-543-3272.**