

## Clallam County Bar Association Scholarship Claim Form

### Scholarship Recipient Contact Information:

Full Legal Name of Recipient: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

### Alternative Contact Information:

Full Name of Alternative Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

### School Information:

Name of School: \_\_\_\_\_

Location (*City, State*): \_\_\_\_\_

Student Number: \_\_\_\_\_ First Quarter/Semester of Enrollment: \_\_\_\_\_

### Scholarship/Financial Department Contact Information:

Please list the name and contact information of the appropriate department that we should contact to ensure your scholarship is properly deposited towards your tuition:

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address (*where the check should be mailed*): \_\_\_\_\_

\_\_\_\_\_

If you have any questions, please email us at [clallamcountybar@gmail.com](mailto:clallamcountybar@gmail.com). Congratulations!