

To receive the \$100 Stipend, please return:

- This Stipend Request Form
- Transcript and Fall 2010 Registration
- Signed Stipend Policy



FULFILLMENT FUND

Empowering Youth Through Education

STIPEND REQUEST

Send all correspondence to:
 Fulfillment Fund, Attention: Scholarships
 6100 Wilshire Boulevard, Suite 600
 Los Angeles, CA 90048
 or fax: (323) 525-3095

DUE SEPTEMBER 25, 2010

PERSONAL INFORMATION

FIRST: _____ LAST _____ H.S. GRAD YR. _____ D.O.B. _____

DO YOU HAVE ANY DISABILITIES? NO YES IF SO, PLEASE DESCRIBE: _____

CONTACT INFORMATION

CELL PHONE: _____ EMAIL 1 (BEST): _____

HOME PHONE: _____ EMAIL 2: _____

PERMANENT STREET ADDRESS/ CITY /STATE / ZIP

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) COLLEGE OTHER

STREET ADDRESS/ CITY/ STATE/ ZIP

COLLEGE INFORMATION

NAME OF COLLEGE OR UNIVERSITY: _____

MAJOR: _____

DATE OF GRADUATION OR TRANSFER (mm,yyyy): _____

UNITS ENROLLED FALL 2010: _____

PAYMENT INFORMATION (CHECK ONE)

- DIRECT DEPOSIT INTO THE BANK ACCOUNT ON FILE.
- DIRECT DEPOSIT INTO A **NEW** ACCOUNT (*ATTACH DIRECT DEPOSIT FORM AND VOIDED CHECK*)
- PAPER CHECK

STUDENT SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY: REQ REG TRA POL

Notes: _____

RECEIVED _____

TERM GPA _____

OGPA _____

