



Success through community caring

SDCF Scholarship Distribution Request
South Dakota Community Foundation
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 write legible.** All scholarship checks are made **payable to 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:
