**SCHOLARSHIP REDEMPTION FORM**

SUBMIT TO: [VICEPRESIDENT@CFCNIGP.ORG](mailto:VICEPRESIDENT@CFCNIGP.ORG)

|  |  |  |  |
| --- | --- | --- | --- |
| **Member Name:** |  | | |
| **Agency:** |  | | |
| **Phone:** |  | **Email**: |  |

|  |  |  |
| --- | --- | --- |
| **Current Scholarship Amount** | **Amount to**  **Redeem** | **Balance** |
|  |  |  |

**PLEASE COMPLETE THE SECTION BELOW:**

**I wish to use my scholarship for the following purpose:**

|  |  |
| --- | --- |
| **Name of Event or Purpose:** |  |
| **Date(s) of Event or Purpose:** |  |
| **Name to Make Check Payable to:** |  |
| **Address to Send Check to:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Member Signature:** |  | **Date:** |  |