**SCHOLARSHIP REDEMPTION/ DEFERMENT FORM**

SUBMIT TO: VICEPRESIDENT@CFCNIGP.ORG

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

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

**PLEASE CHOOSE ‘A’ OR ‘B’ OF A COMBINATION OF BOTH BELOW:**

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

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

**B. I wish to defer the balance of my scholarship until the next chapter year. ⬜**

*Note: When deferring scholarship points, submit the completed form no later than December 15th of each year.*

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