

Request Funds Form

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

ompleteness and neatness ensure your application will be reviewed properly.			Form Submission Deadline: October 31, 2021	
TUDENT IFORMATION	Last Name			
	Current Mailing Address			
	Address Line 2			
	City			
	Primary Phone ()	_ Date of Birth: Month	Day Year	
	Email Address			
	High School Graduation Date (expected or actual): Month _	Day	Year	
ARENT IFORMATION	Parent or Guardian Last Name		First	
	Primary Phone () Ema	ail Address		
NROLLMENT IFORMATION	Name of postsecondary school you plan to attend. Use official school names. Do not use abbreviations.			
		City	State	
	The Student will be enrolled: Full-time Part-time	Expected college graduation of	date: MonthYear	
	Major or Field of study:			
ERTIFICATION ND RELEASE	Once submitted, this form becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)			
	By signing this agreement, I certify that the student will be enrolled full time for the upcoming academic year at the institution indicated above, and that all information reported herein is true and accurate to the best of my knowledge.			
	I give Scholarship America permission to release the student's home address and/or date of birth to the institution listed to assist as necessary in the proper crediting of the student's award funds.			
	By typing my name, I agree to the terms and conditions for submitting an application to the Kohls Cares Scholarship Program. I understand this is an electronic signature that has the same legal authority as my handwritten signature.			
	Parent/Guardian Signature		Date	

Submit the form to Scholarship America, faxed or postmarked by October 31, 2021

Fax to: 507-931-2789 or

Mail all materials to:

Kohl's Cares Scholarship Program Scholarship America One Scholarship Way Saint Peter, MN 56082