



# SCHOLARSHIP PROGRAM

## Request Funds Form

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Form Submission Deadline: May 31, 2025

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Email Address \_\_\_\_\_

High School Graduation Date (expected or actual): Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

### PARENT INFORMATION

Parent or Guardian Last Name \_\_\_\_\_ First \_\_\_\_\_

Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

### ENROLLMENT INFORMATION

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 date: Month \_\_\_\_\_ Year \_\_\_\_\_

Major or Field of study: \_\_\_\_\_

### CERTIFICATION AND 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 Kohl's 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 May 31, 2025**

**Fax to: 507-931-2789 or**

**Mail all materials to:**  
Kohl's Cares Scholarship Program  
Scholarship America  
One Scholarship Way  
Saint Peter, MN 56082