



SCHOLARSHIP RENEWAL APPLICATION

NAME: _____ **AWARD AMOUNT:** _____

Print name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Second Telephone: _____

Dorm/School Apartment Address: _____

City: _____ State: _____ Zip: _____

Please mail all correspondence to my: School Address Permanent Address

E-mail address: _____ Date of Birth: _____

*Student ID Number (requirement) _____ OR Last four digits of SSN XXX – XX – _____

My College/University is on a: (check one) Quarter System Semester System Other _____

Enrollment Date: (Term, Year) _____ Expected Graduation Date: (Term, Year) _____

I would like my scholarship award to be paid to: (check one) Financial Aid Office College Bookstore**

Scholarship Payment Information (please verify mailing address with the Financial Aid Office or Bookstore):

College/University: _____

Bookstore (only if award is to be sent to the bookstore): _____

Make check payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

*If you do not have a student identification number, please list the last four digits of your social security number. Awards cannot be processed without this information.

**If the College/University does not allow scholarship awards to be applied to a bookstore account, the award will instead go to the Financial Aid Office. Please confirm with your college or university that a bookstore account can be opened with your scholarship award under your name.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Please check all that apply before submitting form:

- I have requested an official transcript through Spring _____ (**enter year**) be sent to QueensCare when available. The transcript must come directly from the Registrar; facsimiles or copies will not be accepted (*Transcripts need to include student's name and/or student ID number. If only the student's ID number is printed, please also submit a copy of your current student ID card that clearly states your name and ID number.*)
- I have included a copy of my college identification card. (*If only the Student's Identification Number is printed on your transcripts, please also submit a copy of your current student identification card that clearly states your name and identification number.*)
- I confirmed with my campus bookstore that an account can be opened with my scholarship award under my name. (*Check only if you choose to have your award go to your campus bookstore.*)

It is my responsibility to ensure that QueensCare has my current address on file. I authorize QueensCare to share any necessary information with the college/university listed, and in turn I authorize the college/university to release requested information to QueensCare.

Send the completed form with an official transcript, current federal income tax form, FASFA form and progress report to:

QueensCare

Gene & Marilyn Nuziard Healthcare Scholarship Fund

950 S. Grand Avenue, 2nd Floor South

Los Angeles, CA 90015

Tel: (323) 669-4301

Fax (323) 953-6244