



QUEENSCARE

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 (required) _____ 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 Scholarship Renewal Application along with the following:

- An Official Transcript
- Current Federal Income Tax Form
- FASFA Form
- A Brief Narrative Progress Report

And optional photo(s) and a quote to be featured on QueensCare.org or collateral materials to:

QueensCare
John Joseph Brandlin Memorial Scholarship Fund
950 S. Grand Avenue, 2nd Floor South
Los Angeles, CA 90015
Tel: (323) 669-4301
Fax (323) 953-6244