The Robert D. Stevenson Scholarship Foundation

3834 Mitchell Road
New Castle, Pennsylvania 16105
724-658-5513

Request for Scholarship Funds

Note: Allow a minimum of ten days for processing.

Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____

Social Security Number: _____

Name of Scholarship you received: _____

Year Received and Amount: _____

Amount Requested from Fund: $ _____

Balance Remaining: $ _____

Make Check Payable to: _____

Please supply **complete** information.

_____
(College)

_____
(Address)

_____
(City) (Zip Code)

Note: When completed return this form to the high school office. Please bring your tuition statement with you. A copy will be made so that accurate payment can be made. The original will be returned to you. The secretary will forward the information to the treasurer of the Robert D. Stevenson Scholarship Foundation.