



Rockwall High School-Jacket Backer Athletic Booster Club
Student Scholarship Program
Scholarship Claim Form 2015-2016

A Scholarship claim form MUST be filled out with the name of the college or university they wish to attend.

Date _____

Name of Scholarship Recipient: _____

The name and address of the university or collage WITH ATTENTION TO INSTRUCTIONS where the scholarship funds are to be distributed.

University
or College: _____

ATTN TO: _____

Address: _____

City: _____ ST: _____ ZIP: _____

I hereby disclose any relationship with any Jacket Backer Booster Club Board of Directors. List names below:

Scholarship Recipient's Signature: _____

