



2017 NHSRA Merit Scholarship Claim Form

State/Province: _____

This scholarship can be redeemed upon proof of satisfactory completion of at least one semester of post-secondary schooling or an approved other type of post-secondary education or training.

When you have received your first semester grades/transcripts from the school in which you are attending, **send in a copy of this form along with your grades/transcripts showing you have successfully completed your first semester of schooling to the National Office.**

Scholarship funds WILL NOT be mailed without a copy of your first semester grades/transcript. The address to submit this information is included at the bottom of this form.

Your scholarship money will be held for ONE year after your graduation. If you need your scholarship to be held for an additional year, you must make arrangements with the National Office to hold your scholarship money.

The check will be made out to you personally, and mailed to the address that you have provided below.

Student's Name: _____

Student's Address: _____

Student's Cell Phone Number: _____

Student's Email Address: _____

Student's Year of High School Graduation: _____

Best wishes in your future education, and in all that you do!