**FCCLA Scholarship Update**

**[school year]**

In order to receive annual scholarship payment, complete this form and send with your enrollment verification each fall. If this form is not received by August 1 of each year of scholarship receipt, payment will not be made and the recipient forfeits the scholarship.

Full Name:

Permanent Mailing Address:

City, State, Zip:

Current Mailing Address:

City, State, Zip:

College or University Attending:

College/University Mailing Address:

*(make sure this is the address for the financial office)*

City, State, Zip:

Student ID Number:

School email address:

Permanent Email Address:

Phone number:

**Please remember to attach verification of your enrollment for the fall semester (class schedule).**