

Scholarship Redemption Form

Student Name: _____

Student's Address: _____

Student Phone/Email: _____

MMHS Local Scholarships being redeemed: _____

College Attended: _____

University's Bursar's Office & Address: _____

Have you changed your major/minor? _____

Are you transferring to another institution? _____ If yes, provide the address of the transfer university's bursar's office: _____

(Date)

(Signature)

First semester grades and second semester enrollment must accompany this form and may be printed from your school's computer system as long as your name is officially printed on the document.

A signed and dated copy of this form may be mailed, faxed, or hand delivered to the following address:

Machias Memorial High School
1 Bulldog Lane
Machias, ME 04654
Attn: Guidance Office
FAX # 207-255-3093

Feel free to call if you have any questions. PHONE 207-255-3812