

**IMPORTANT:** This form must be completed accurately or your scholarship will not be processed.

# EXIT FORM

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Program Location: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE CHECK ONE:**

Please Send My Scholarship to My School:

School Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**OR**

Please Send My Scholarship to My Address:

Home Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Process Information:

\_\_\_\_\_  
\_\_\_\_\_

**Please Read and Sign Below:**

Scholarship money will be sent to the address I have listed above. I recognize that if the scholarship address changes before the summer program closes, it is my responsibility to change the address to the new one. If changes have not been made, it is my responsibility, NOT HHES, to retrieve commission and scholarship.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student Leader's Signature