

Georgia Student Hockey League (GSHL) Scholarship Disbursement Request

Once you have determined the college/university/technical school that you plan to attend, and are ready for scholarship funds to be disbursed, please complete this form, and return to the GSHL Scholarship Committee so the check can be processed and sent directly to the institution.

PLEASE VERIFY THAT THE INFORMATION PROVIDED IS CORRECT. GSHL IS NOT RESPONSIBLE FOR MISDIRECTED FUNDS DUE TO INCORRECT OR INCOMPLETE INFORMATION PROVIDED ON THIS FORM.

Full Name _____ HS Class of _____

Address _____

City / State / Zip _____

Telephone _____ Email _____

HS Year Scholarship Was Awarded – include all award years: FR SOPH JR SR

College/University/Technical School Attending _____

Mailing Address for Student Accounting _____

City / State / Zip _____

Student ID Number _____

Additional Information Needed to submit funds to your account

Please read the following and sign before returning document. If you are under the age of 18 please have your Parent/Legal Guardian sign as well

I understand that the scholarship being awarded is to be used at an accredited University/College/Technical School in the United States or Canada. These funds will be distributed directly to the educational institution being attended by the recipient upon notification to the Trustee of the scholarship fund. I understand that any realized gain or interest earned on these funds, prior to disbursement will remain the property of the GSHL, and that the award will be for the amount awarded only. The GSHL and the Trustee are not responsible for delays in the USPS or alternate delivery services.

I understand that by accepting the Georgia Student Hockey League scholarship award I am allowing the GSHL to use my name or likeness for promotional purposes GSHL, the GSHL Scholarship Trust, The Southern Amateur Hockey Association (SAHA) or USA Hockey. This may include but is not limited to newspaper/magazine articles, internet, web, and social media pages, radio or television broadcasts, or

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printed materials. I understand that any documents submitted become the property of the GSHL and will not be returned. **The address of the GSHL Scholarship Trustee is: GSHL Scholarship Committee, c/o Marc Cohen, 6115 Wild Timber Road, Sugar Hill, GA 30518.**

Applicant Signature _____ Date _____

Parent (if applicant is under the age of 18) _____ Date _____

GSHL CONFIDENTIAL WHEN COMPLETED - Scholarship Trustee Use Only

Date of Disbursement _____ Amount of Disbursement _____

Check Number _____ USPS Tracking _____

Fees _____ Other Note _____