

GREATER ROCHESTER AREA YOUTH SCHOLARSHIP FUND REGULATIONS

SCHOLARSHIP RECIPIENT DATA

I. Recipients of RYABA scholarships must provide the RYABA Secretary/Treasurer with the following information:

Full name _____

Address _____

Telephone number _____

School district now attending _____

Year of graduation _____

Social security number _____

Mother's name _____

Father's name _____

II. When the recipient has selected and has been accepted by an institution of higher education, the following information must be provided to the RYABA Secretary in order for funds to be forwarded to that institution.

Recipient's full name _____

Name of institution _____

Complete address of institution _____

Telephone number of institution () _____