



**Kendrick Juliaetta & 7 Ridges
Education Foundation**
PO Box 503
Juliaetta, ID 83535
kj7educationfoundation.org

KJ7 Scholarship Fund Disbursement Information

Student Name: _____

Student Address: _____

Student Phone: _____

Student Email: _____

Other contact option (if any): _____

School you will be attending: _____

School Mailing Address for Scholarship Disbursements: _____

Student Identification Number: _____

- I do not intend to use the scholarship immediately.
- I will resume my education in the [Spring / Fall] semester of _____ [year].
- I will contact the Foundation when I am ready to continue my education. I understand that the scholarship must be used within 5 years of the award.

Please fill out this form and mail it to:

KJ7 Education Foundation
PO Box 503
Juliaetta, ID 83535

The completed form must be received no later than 2 months prior to when funds are needed.