



Congratulations on your completion of our **Alive2Thrive** scholarship program from the Santoro Education Lifeskills Foundation. We are so glad to have an opportunity to help you be your best self! This letter is to inform you of how to claim your scholarship dollars.

All scholarship dollars awarded will be paid by check directly to the college, university, trade or technical school you are or will be attending. To claim your scholarship, you must provide:

- proof of graduation from high school
- the completed scholarship claim form (attached)
- documentation from the college, trade school or university you will be attending, such as a copy of your student ID, letter of acceptance and/or class schedule.
- your student identification number
- the mailing address where the scholarship check should be mailed to your school

You can provide the attached form and documentation by emailing it to:  
[mary@santorofoundation.org](mailto:mary@santorofoundation.org).

Once the attached form and other required documentation is received, the scholarship check will be sent to the specified school. Please allow two weeks for check processing.

Please don't hesitate to contact us by email at [mary@santorofoundation.org](mailto:mary@santorofoundation.org).

Sincerely,

*Joe Santoro*

Joe Santoro  
Santoro Education Lifeskills Foundation



## Scholarship Claim Form

Date: \_\_\_\_\_

Name of Scholarship Recipient: \_\_\_\_\_

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

Best phone number: \_\_\_\_\_

Name of trade school, college, or university you are or will be attending:

\_\_\_\_\_

School phone number: \_\_\_\_\_

Student ID: \_\_\_\_\_

Address at school for us to mail the scholarship check:

\_\_\_\_\_

*Please be sure to attach the required documentation:*

- *Proof of graduation from high school*
- *Letter of acceptance and/or class schedule with your name on it*

\_\_\_\_\_  
Student Signature

## FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: \_\_\_\_\_

(Name of University or College Official and Department that you are permitting to discuss your financial account)

Please provide information from the financial records of \_\_\_\_\_ (Name of Student) to: ***Mary Wooley with the Santoro Education Lifeskills Foundation***

(Note: this Consent does not cover medical records held solely by Student Health Services or the Counseling Center – contact those offices for consent forms.)

The only type of information that is to be released under this consent is:

transcript

disciplinary records

recommendations for employment or admission to other schools

all records

other (specify) ***student financial account information regarding application of awarded scholarship funds to school expenses***

The information is to be released for the following purpose:

family communications about university experience

employment

admission to an educational institution

other: ***to discuss application of scholarship funds to school-related expenses only***

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to Student Accounts Department personnel. I further understand that until this revocation is made, this consent shall remain in effect and my educational financial records will continue to be provided to ***The Santoro Foundation*** for the specific purpose described above.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Student ID Number \_\_\_\_\_

Date \_\_\_\_\_