



**Scholarship Recipient** **MACST Inc. Information Sheet**

Student's Full Name \_\_\_\_\_

Student's Contact Phone Number \_\_\_\_\_

University/College plan on attending in: \_\_\_\_\_

\_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring

College Student ID # \_\_\_\_\_

University/College **Financial Contact/Name:** \_\_\_\_\_

Their Office/Title \_\_\_\_\_

Their Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date in which payment must be received for fall semester \_\_\_\_\_

Email information to: [MACSTScholarships@gmail.com](mailto:MACSTScholarships@gmail.com)

Email Subject Heading: **(Your Last Name) Scholarship Winner**

**Must be completed and returned no later than July 1**

Scan the completed form to the above email address. If you cannot do this, then enter the required information a text document to the above email address.