



Sheffield-Sheffield Lake School
Endowment Fund
1824 Harris Road
Sheffield, Ohio 44054

In affiliation with the Community Foundation of Greater Lorain County

REQUEST FOR RELEASE OF SCHOLARSHIP FUNDS

Date _____

Student Full Name _____

Student Date of Birth _____

Student ID (College) _____

Name of University or College:

University Mailing Address for Financial Aid Office/Office of the Bursar

Student Mailing Address:

Phone: _____

****Please attach a copy of your Fall Semester Schedule****

Please complete and return this form (w/ schedule) to:

Mr. Andrew Smith, Treasurer

Sheffield-Sheffield Lake City Schools – Endowment Fund

c/o 1824 Harris Rd.

Sheffield Village, OH 44054

Phone: 440-949-4213

Email: asmith@sheffieldschools.org