

# Special Achievement Award Claim Form



**Questions or Submit Form to:**

awards@allclasswrestling.com or fax 321-445-5585

**ALL FIELDS ARE REQUIRED.** INCOMPLETE INFORMATION WILL DELAY THE DISBURSEMENT OF YOUR SPECIAL ACHIEVEMENT AWARD.

## STUDENT INFORMATION:

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION (fill in one):

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## SCHOOL OR PROGRAM TO RECEIVE AWARD FUNDS FOR YOUR BENEFIT:

SCHOOL OR PROGRAM NAME: \_\_\_\_\_

SCHOOL OR PROGRAM ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAIN PHONE: \_\_\_\_\_ STUDENT ID # \* \_\_\_\_\_

FINANCIAL DEPT. CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**\*If your school or program does not assign a unique student identification number, please provide your social security number. Failure to do so will delay the disbursement of your special achievement award.**

THE INFORMATION YOU PROVIDE IN THIS CLAIM FORM WILL BE USED BY ADF STRICTLY FOR THE PURPOSES OF PROCESSING YOUR SPECIAL ACHIEVEMENT AWARD AND DISPERSING FUNDS ON YOUR BEHALF TO THE SCHOOL OR PROGRAM OF YOUR CHOICE. YOUR INFORMATION WILL BE KEPT PRIVATE AND CONFIDENTIAL AND IN NO WAY WILL BE SHARED, EITHER IN PART OR IN WHOLE, WITH ANY OUTSIDE PARTIES.

**American Dreams Foundation**

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