

College Contact Form
Delaware Foundation for the Visual Arts

Date: _____

Student Name: _____

Home Address: _____

Home Telephone: _____

Cell Phone: _____

Email Address: _____

College or University Name: _____

College or University Telephone: _____

Please provide your student account number and the exact mailing address for payments made directly to your college or university. **IMPORTANT:** Correct information is necessary to enable us to send your award check so that your account will be credited properly.

Student Account Number:

Mailing Address for Payments:

Congratulations! We will process the award as soon as this completed form is received.