

International Collegiate Sales Competition (ICSC)

Award Winner Claim Form

Thanks for your participation in this year's ICSC and Congratulations on your placement. This form is required within 60 days from the last date of the Competition. Be sure all fields on this form are completed. A completed W9 with personal signature must accompany this form to fully process your award. This is an IRS form, so **no computerized signatures** will be accepted.

Completed forms must be submitted for processing by noon, Friday, **December 5, 2025**, to Shannon Young by email styoung@fsu.edu. **Please note: ONCE RECEIVED, requests may take up to 8 weeks to process, so BE SURE to indicate the appropriate address for mailing at that time.**

Date Submitted: _____ Name of Award Winner: _____

Telephone: _____ Email: _____

University Name: _____

Amount of Award: _____ Award Description: _____

What method would you like used to receive your award (**check one**)?

_____ **Check OR** _____ **Electronic Deposit**

IF Check, complete Section 1

IF Electronic Deposit complete Section 2 ***No need to provide if information was provided in a previous year.***

Section 1 – Check Request

Address to mail check (**Street**): _____

City, State, Zip Code: _____

Section 2 – Electronic Deposit

Routing Number: _____

Account #: _____

**The Award Winner Claim Form and W9 must be completed, signed, and received by noon on Friday, December 5, 2025.
No requests will be accepted after this time.**