

SCHOLARSHIP CHECK REQUEST FORM

TODAY'S DATE: _____

DATE NEEDED: _____
 (at least 2 weeks from request date)

PAYABLE TO (Recipient's Full Name): _____

ADDRESS: _____ CITY: _____ State: _____ ZIP: _____

SCHOLARSHIP/SPECIAL AWARD NAME:

1 _____ YEAR: _____ AMOUNT: \$ _____

2 _____ YEAR: _____ AMOUNT: \$ _____

3 _____ YEAR: _____ AMOUNT: \$ _____

TOTAL: \$

***Attach proof of Fall Semester/2nd Quarter grades AND tuition invoice**

CHECK ONE: **Send check directly to payee**
 (Adult must be home to sign)

Hold for pick-up: _____
 (Name of adult who will pick up)

OFFICE USE ONLY

AUTHORIZED APPROVALS:

Name of Site Director: _____ Date: _____

 Signature

Name of President/CEO: _____ Date: _____

 Signature

PAID ON: _____ 1 ACCOUNT # _____ AMOUNT: \$ _____

CHECK NUMBER: _____ 2 ACCOUNT # _____ AMOUNT: \$ _____

3 ACCOUNT # _____ AMOUNT: \$ _____