



Scholarship Check Request Form

Please complete this form on each student member receiving scholarship monies and return to your high school bookkeeper for processing.

SCHOLARSHIP AWARD: _____

AMOUNT AWARDED: _____ HIGH SCHOOL: _____

STUDENT NAME: _____
(First) (Middle) (Last)

MAILING ADDRESS: _____

SSN # _____ CURRENT GRADE: ____ GRADUATION DATE: _____

PHONE: _____ E-MAIL: _____

MAKE CHECK PAYABLE TO STUDENT AND COLLEGE / UNIVERSITY YES NO
IF YES, COMPLETE INFORMATION BELOW:

COLLEGE / UNIVERSITY NAME: _____

MAILING ADDRESS: _____

The signatures below affirm that the student named above will receive scholarship monies from the school named above:

Guidance Counselor Signature: _____

Please approve and return this form to your school bookkeeper for purchase order processing. This form should be used as backup for purchase order.

BOOKKEEPER USE:

ACCOUNT NUMBER TO BE CHARGED: _____

PURCHASE ORDER # _____ RECEIPT # _____