



## Scholarship Winner Funds Request



Name (first/last): \_\_\_\_\_ Date of request: \_\_\_\_\_

Year won: \_\_\_\_\_ Name of Scholarship: \_\_\_\_\_

Who to make check out to (ONLY if different from above): \_\_\_\_\_

### Contact Information:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Please attach copy of semester 1 transcript and proof of semester 2 enrollment.

### Office use only:

\_\_\_\_\_ Funds requested c/o      \_\_\_\_\_ Funds requested activity fund      \_\_\_\_\_ Funds sent