

# SCHOLARSHIP FUND DISBURSEMENT REQUEST FORM

Submit this completed form along with required documentation for processing.

## 1. Student Information

Full Name:	<input type="text"/>	Student ID Number:	<input type="text"/>
Email Address:	<input type="text"/>	Phone Number:	<input type="text"/>
Major/Program:	<input type="text"/>	Current GPA:	<input type="text"/>

## 2. Scholarship & Term Details

Scholarship Name:	<input type="text"/>		
Academic Year:	<input type="text"/>	(e.g., 2024-2025)	
Term/Semester:	<input type="text"/>	(e.g., Fall, Spring, Summer)	
Enrollment Status:	<input type="text"/>	(e.g., Full-Time, Part-Time)	

## 3. Disbursement Request Details

Requested Disbursement Amount:	\$	<input type="text"/>	
Disbursement Destination:	<input type="text"/>		(e.g., Direct to Tuition, Student Refund, Book Store)
Special Instructions:	<input type="text"/>		

## 4. Required Checklist (Type "X" to confirm attachment)

- Proof of active enrollment (e.g., official class schedule)
- Official or unofficial academic transcript
- Copy of the Scholarship Award Letter
- Itemized tuition bill or fee statement

## 5. Authorizations and Signatures

By signing below, the student certifies that all information provided is accurate and that the funds will be used solely for educational expenses.

Student Signature (Print & Sign):	Date:
<input type="text"/>	<input type="text"/>

### FOR OFFICE USE ONLY

Scholarship Committee Approver Name:	Date:
<input type="text"/>	<input type="text"/>

Authorized Approval Signature:	Disbursement Date:
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