## Scholarship Funds Request

## ALLOW 30 DAYS FOR PROCESSING – SUBMIT ALL REQUIRED ITEMS

Mail or fax form to: America's Junior Miss Scholarship Foundation 751 Government Street, Mobile AL 36602 Fax: 251.431.0063 | Phone: 251.438.3621

## **SECTION A: FUNDS REQUEST**

I will attend _			in		•
		Name of School		City, S	State
Beginning		/ My school reports grades each Quarter / Semester.			
т .: : .	Month	Year	term	Circle	One
I anticipate us	ing my scholars	hip during the	term	of	 Year
Please check t	he box below to	o indicate how we sh	ould disburse the funds:		i ear
			vable to the school in the amou	unt of	
			/ / (MN		Υ).
			/Student Accounts office in		
			submit receipts and/or copies	of cancelled	l checks
for reimbu	rsement in the	amount of \$			
WE DEALID		JEODMATIONI DE		DECLIECT	4
WE REQUIR	E ALL THE II	NFORMATION BE	ELOW TO PROCESS YOUR	REQUEST	:
	Print your name	<del></del>	Signature		
	Address				
	Address				
()					
	Phone		Social Security Number		Date
E-mail			Name and year of all DYW programs from which you will		
			receive funds.		
SECTION B	3: TRANSCRII	PT RELEASE STA	TEMENT		
0201101,2	.,				
In considerati	on of the acade	mic scholarship awa	rded me and administered by t	he America	's Junior
Miss Scholars	hip Foundation,	, I authorize	or any	other educ	ational institution I may
			inscripts of grades and credits		
			This authorization will remain		
as I am a recip	pient of scholars	hip funds from the	foundation and for such period	ds as I use t	he funds.
			Signature		Date
			- 6		
-	ted request M				
Scholarship Funds Request Form					For Internal Use Onl
® If a payment to the school request, include current tuition statement				ement	Acct#
	ing what is ow				Balance \$
			e receipts and/or cancelled	checks	Date
		Rules and Regulat			
Proo	of of full-time	enrollment i.e. a co	py of your schedule		

(an acceptance letter is not proof of enrollment)