



Academic Year \_\_\_\_\_ to \_\_\_\_\_

Year Scholarship Awarded \_\_\_\_\_

**SCHOLARSHIP DISBURSEMENT FORM**

<b>Student Information</b>			<b><u>Please print clearly</u></b>		
Last Name		First Name		MI	
<u>Home Address</u>			<u>Address while in College</u>		
Address line 1		Apt #	Address line 1		
Address line 2			Address line 2		
City		State	Zip	City	
Phone			Phone		
Primary email address			Other email address		

**College/University Information**  
Provide the following information for the college you'll be attending next semester

Institution Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Major \_\_\_\_\_ *Attach course schedule for next semester*

***Attach transcript from previous semester***

**Certification**  
I understand that the information provided above will be used in determining whether I remain eligible for the Alexandria Wrestling Booster Club scholarship, and that I certify that the information provided above is correct.

Students Signature \_\_\_\_\_

Date \_\_\_\_\_

If I am still eligible, please mail the check to my **(circle one)** Home Address School Address

**FOR OFFICE USE ONLY**

**All documents have been reviewed and approved** \_\_\_\_\_

Email or send this form and attachments to: **Tom Ellison at Alexandria Area High School**