

College Dreams'



"The harder I work, the luckier I get."

College Dreams

Student Scholarship Request Form

Student Name: _____ Date: _____

Street: _____

City, State and Zip: _____

Phone: _____ Student ID # _____

Financial Request in the amount of: _____ for school related expenses. I certify the requested funds will be used for expenses only as authorized under the College Dreams Program.

Student Signature Date

Prevention Specialist Approval Date

Section to be completed by: College Dreams Program Administrator

Vendor Name: _____

Address: _____

City/State/Zip: _____

Amount Approved \$ _____ Date Approved: _____

Director Approval for payment

MIP Account Coding: 727-44400-2511110-0-0

****Attach documentation for the amount approved****

Contact person (for questions regarding form): Judie Drummond

Phone: 541-476-8146