

College Dreams



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

Student Scholarship Request Form

Student Name: _____ Date: _____

Address: _____

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 Date

Please make check payable as listed below:

Vendor Name: _____

Address: _____

City, State and Zip: _____

Amount Approved: _____ Date Approved: _____

Director Approval for Payment

** Attach documentation for the amount approved **

Contact person (for questions regarding form): _____ Judie Drummond 541-476-8146