

**PARTICIPANT’S REQUEST FOR SCHOLARSHIP FUND DISBURSEMENT**

I request that you disburse funds, which are held in trust for my educational expenses to the following payees. I have attached the required documentation to this form for your review. I understand that the processing of this request will require approximately three weeks.

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| **Expense From** | **Describe Expense Purpose** | **Amount $** |
| College Tuition | Tuition for Fall 2019 Missouri State University | $1000 |
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**You must attach original invoice offer documentation, or a written statement explaining why no receipt is available.**

I certify that these funds will be used to further my education or vocation in the following course of study. (Describe the degree program, course of study, vocation or course for which funds are requested. If an expense benefits, but is not part of a degree program, describe how the program will enhance your educational process.) Questions? 314-540-7563 or mmotexdirector@gmail.com

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID #345345345\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Mail this check to:  Missouri State University  Financial Aid Office  100 N. Main St  Springfield, MO 67676 | | My permanent address:  Susie Smith  1512 Misissippi Ave  St Louis, MO 63104 | |
| Signature:  Susie Smith | Print name:  Susie Smith | SSN:  445-44-4545 | Phone number:  314-540-9876 |

FOR OFFICE USE ONLY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Rev’d | Account Balance | Approved by | Date paid | Check # | Amount Paid $ |

**Mail to: MISS MISSOURI’S OUTSTANDING TEEN SCHOLARSHIP PAGEANT**

**1512 MISSISSIPPI AVE**

**ST. LOUIS, MO 63104**