



**SCHOLARSHIP DISBURSEMENT REQUEST  
TO BE PAID FROM SCHOLARSHIP ACCOUNT# 265**

**Scholarship Recipient**

Student name: \_\_\_\_\_

FHS ID #: (5 digits) \_\_\_\_\_

School of choice ID #: \_\_\_\_\_

Amount (\$): \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School of Choice**

School Name: \_\_\_\_\_

School Rep Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Number Street Name

City State Zip

*Authorization:  
We certify that we have been authorized by our  
organization to make this disbursement request*

*Approval:  
We certify that this request has been approved  
by an official vote of the Foothill High ASB on*

\_\_\_\_\_  
Student Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Advisor (Print)

\_\_\_\_\_  
ASB Office

\_\_\_\_\_  
Program Advisor Signature

\_\_\_\_\_  
Activities Director

\_\_\_\_\_  
School Board Rep/Assist. Principal

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**Office Use Only:**

Check #: \_\_\_\_\_

Date Paid: \_\_\_\_\_