TRACY UNIFIED SCHOOL DISTRICT

SCHOLARSHIP/NEW ACCOUNT FORM

Please complete the following information that must be submitted to the High School Bookkeeper, approved by the Associated Student Body and Tracy Unified School District Financial Services Department for review. Include adequate information to ensure your account can be properly reviewed and opened. If you have questions, please contact the Bookkeeper at the school site.

Name of Scholarship: _____

Name of Person/Persons Requesting account: _____

Phone number of Person/Persons Requesting account:_____

Dollar Amount to open account:_____

Requestor: _____ _____
Print Name Signature

Date: _____

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Scholarship requirements for student to receive:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

The amount of Scholarships issued to students each year:_____

The amount of Scholarship Money issued to students each year:_____

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<u>OPEN NEW ACCOUNT</u>: (mark below, as completed)

___ Completed and Signed Scholarship Form (including any additional pages of requirements, application for scholarship and copy of the initial deposit.)

___ ASB Meeting Minutes for reporting, including scholarship name, and:

a. Motion and Approval of minutes read from prior meeting
b. Roster and Attendance recorded, or copy of sign in sheet
c. Vote counts, including nays and abstentions, as appropriate
d. Approvals of Deposits and disbursements

___ Account Number

___ District Donation Form, with appropriate approvals.

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<u>Approvals:</u>

Bookkeeper: _____Date: _____
Signature

Associated Student Body:_____Date: _____
Signature

Activities Director: _____Date: _____
Signature

Please return this form, completed and with all appropriate documentation, to ASB Bookkeeper.