



Public Schools of the Tarrytowns

Assistant Superintendent for Business, 200 North Broadway, Sleepy Hollow, New York 10591

SCHOLARSHIP CHECK REQUEST

Please complete all of the questions listed below to facilitate processing of your refund request. Incomplete information may delay your refund.

Date: _____

Student Name: _____

Address: _____

Phone: _____

Social Security Number: _____

Email: _____

Budget Code: _____

Scholarship Name: _____

Scholarship Amount: \$ _____

Payee Name: _____

Guidance Counselor: _____

Signature Required

For Administrator Use Only

Principal Signature: _____

Asst. Superintendent of Business: _____

**Payments Made Directly to School-MUST have Bursar Bill
Attached.**