

Scholarship Payment Request Form

Step 1 - Fill out Scholarship Details

Recipient's Name: _____

Address: _____

Email: _____

Phone Number: _____ Birth Date: _____

Name of Scholarship: _____

Gordon Larson Scholarships will not be available until the last week of January.

Step 2 - Fill out Payment Information

Select whether you want your scholarship payment mailed or direct deposit in your bank account.

Mailed to:

Street Address City State Zip

Direct Deposit

If you select Direct Deposit you must fill out your bank information AND attach a voided check.

Bank Name Select Account Type: Savings or Checking

Routing Number Account Number

Step 3 - Attach Grades

You are required to attach a copy of your first semester college grade report.

Step 4 - Return the Form

Bring this completed form to Door 1 at the High School or mail to:

Guidance Office
Little Falls Community High School
1001 SE 5th Avenue
Little Falls, Minnesota 56345

Questions please contact Kolbi Grant
Phone: 320-616-2213
E-mail: kgrant@lfalls.k12.mn.us

Printed Name

Signature

Date