

GALENA PARK INDEPENDENT SCHOOL DISTRICT

SCHOLARSHIP PAYMENT REQUEST

Today's Date: _____

College Name: _____

Attn: _____

Address: _____

City/State/ Zip Code: _____

Phone Number: _____

Student Name: _____

Student College ID: _____

Amount \$ _____

*Instructions: Enrollment in an accredited institution (college, university, trade school, military academy, etc.) is a requirement for receiving scholarship funds. Scholarship funds shall be made payable to the college/university in the student's name. **Supporting documentation for disbursement of funds shall include an invoice (tuition/fee bill) from the college/university.** Appropriate documentation must be attached for issuance of check.*

Budget Code: _____

Organization Name: _____

Organization Sponsor Approval: _____ Date _____

☐ Attach invoice (tuition/fee bill)

Budget Manager Approval: _____ Date _____

Note to Campus Financial Clerk: A Check Request must be entered in TEAMS for scholarship payments. The Scholarship Payment Request and supporting documentation must be attached to the Check Request.