



Canutillo Independent School District Scholarship Disbursement Request Form

Student Name: _____

Student ID #: _____ DOB: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone Number: _____ - _____

Student Signature: _____ Date: _____

The scholarship disbursement request must be submitted to the finance office within twelve (12) months of the student's high school graduation date.

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University/College/Trade School Name: _____

Remit To Address: _____

City: _____ State: _____ Zip: _____

Admissions Office Contact Name: _____

Phone Number: () _____

Scholarship disbursements will be processed and mailed to the institution listed on this form.

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I verify that the student has met all scholarship requirements.

Counselor's Signature

Date

Principal's Signature

Date

Scholarship Amount _____

Account Number _____

To process scholarship payment, the documents listed below must be attached to disbursement request:

- 1. Student's Scholarship Award Letter**
- 2. Student's University/College Class Schedule**