



SCHOLARSHIP AWARD REMITTANCE REQUEST

STUDENT LEGAL NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE/EMAIL _____

TOTAL AMOUNT REQUESTED

\$ _____

PAYMENT TO BE MAILED TO:

College/Trade School

Student

If being mailed to College/Trade School complete below

Make Check Payable to:

NAME OF SCHOOL _____

ATTN: _____

ADDRESS _____

CITY/STATE/ZIP _____

STUDENT ID# _____

INVOICE/BILL MUST BE ATTACHED

NAME OF SCHOLARSHIP TO BE CHARGED _____

STUDENT SIGNATURE/DATE _____

FOR OFFICE USE ONLY

SUPERVISOR OF GUIDANCE
SIGNATURE/DATE _____

BUSINESS ADMINISTRATOR
SIGNATURE /DATE _____

SUPERINTENDENT
SIGNATURE/DATE _____

CHECK# _____ REQUEST RECEIVED BY ACCOUNTS PAYABLE DATE _____
CHECK MAILED DATE _____

This form must be completely filled out in place of an RFP to avoid any delay in payments. Checks will be mailed in accordance with the Cape May County Technical School Board of Education Meetings.