

Miss Clinton County Scholarship Program

Miss Clinton County Scholarship Request Form

Complete this form and submit with all supporting documentation to missclintoncountyia@gmail.com. Upon approval, from the Miss Clinton County Scholarship Program's Executive Director, this request will be processed and then fulfilled. This request may take up to 2 weeks to be completed. *Any forms without all required documentation cannot be processed for payment and will be returned to the candidate.*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SS#: _____

Local Title: _____ Year: _____

Local Executive Director: _____

Please complete appropriate section per state rules and regulations

I **Tuition/Room & Board – must be paid directly to College/University**

Please attach a **mandatory current detailed tuition statement** from a College/University. For payment of on-campus room and board, tuition statement must show full-time status of 12-credit hrs and be reflected on the detailed school billing. Name of school, student's name, ID # and school remittance address must be clear.

Amount requested \$: _____

II **Part or all of your scholarship may be applied towards student loans – paid directly to lender**

Please attach three mandatory items: a **current bill** from a bona fide 3rd party lending institution (bill must show payment address, student name and loan #, A copy of the **promissory note(s)** reflecting you are the primary responsible payer of the loan, and an **official transcript** which shows the completion of the coursework.

Amount requested \$: _____

Signature: _____ Date: _____