

**SCHOLARSHIP OR DIVISION AWARD
REQUEST FOR PAYMENTS & CERTIFICATES**



Recipient's Name: _____

School Attended: _____

Home Address: _____

Social Insurance #
(if award is \$500 or more) _____

Name of Award or Scholarship: _____

Scholarship Sponsor: (if applicable) _____

Award or Scholarship Amount: _____

Deliver to: _____
(Include special instructions) _____

Requested By: _____ **Date:** _____

Approved By: _____ **Date:** _____
Signature

GL Account: _____