

**Scholarship Funds Request**  
**Distinguished Young Women of Michigan Scholarship Program**

ALLOW 30 DAYS FOR PROCESSING – SUBMIT ALL REQUIRED INFORMATION

Mail form to: Pat Hermatz 37955 Glenwood, Wayne MI 48184 Phone: 734-664-5735

**Section A: Funds Request**

I will attend \_\_\_\_\_ in \_\_\_\_\_  
Name of School Location

Beginning \_\_\_\_/\_\_\_\_. My school reports grades each \_\_\_\_\_  
Month Year Quarter/Semester

I anticipate using my scholarship during the \_\_\_\_\_ term of \_\_\_\_\_  
Year

Signature \_\_\_\_\_ Please send me a check in the amount of \$ \_\_\_\_\_.

**WE REQUIRE ALL THE INFORMATION BELOW TO PROCESS YOUR REQUEST!**

Print your name \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and year of all Distinguished Young Women programs for which you will receive funds.

\_\_\_\_\_

**Section B: Transcript Release Statement**

In consideration of the academic scholarship awarded me and administered by the Distinguished Young Women of Michigan, I authorize \_\_\_\_\_ or any other educational institution I may attend to furnish the DYW of Michigan with certified transcripts of grades and credits earned by me at the end of each grading period. This authorization will remain in effect for as long as I am a recipient of scholarship funds from the foundation and for such periods as I use the funds.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your completed request must include: Scholarship Funds Request Form, signed Scholarship Rules and Regulations, and proof of enrollment in school (a copy of your schedule or tuition statement). Unsigned or incomplete forms will delay processing your request!