

Distinguished Young Women Scholarship Funds Request

ALLOW 30 DAYS FOR PROCESSING – SUBMIT ALL REQUIRED ITEMS

Email, Mail or Fax form: Foundation@DistinguishedYW.org |

AJM Scholarship Foundation, 751 Government Street, Mobile, AL 36602 | 251.431.0063f

SECTION A: FUNDS REQUEST

I will attend _____ in _____.

Name of School

City, State

Beginning _____ / _____. My school reports grades each Quarter / Semester.

Month

Year

Check One

I anticipate using my scholarship during the _____ term of _____.

Year

Please check the box below to indicate how we should disburse the funds:

Payment to the school: please send a check payable to the school in the amount of \$_____. The funds are due by ____ / ____ / _____ (MM/DD/YYYY).

**Please include the address of the Scholarship/Student Accounts office in your paperwork*

Reimbursement: I have paid my expenses and submit receipts and/or copies of cancelled checks for reimbursement in the amount of \$_____.

WE REQUIRE ALL THE INFORMATION BELOW TO PROCESS YOUR REQUEST:

_____	_____	
Print your name	Signature	

Address		
(_____) _____	_____	_____
Phone	Social Security Number	Date
_____	_____	
E-mail	Name and year of all DYW programs you received funds	

SECTION B: TRANSCRIPT RELEASE STATEMENT

In consideration of the academic scholarship awarded me and administered by the America's Junior Miss Scholarship Foundation, I authorize _____ or any other educational institution I may attend to furnish the Foundation 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

**If requesting we submit a payment to your school, include current tuition statement showing what is owed*

**If a reimbursement request, include receipts and/or cancelled checks*

Signed Scholarship Rules and Regulations

Proof of full-time enrollment i.e. a copy of your schedule

**an acceptance letter is not proof of enrollment*

For Internal Use Only

Acct# _____

Balance \$ _____

Date _____

Unsigned or incomplete forms will delay processing your request!

Revised 9/13/21