



Request for Scholarship Funds

Participant's Name: _____ Year Participated: _____

Amount of DYW of Taylor County Scholarship Award: _____

CHECK ONE:

I plan to use my DYW of TC scholarship award as a full-time student for the Fall term following high school graduation. I am attaching

- A copy of my invoice/bill from the university, and
- A copy of my college schedule for the term.

Do not send this request for funds without both of the above attachments.

I plan to use my DYW of TC scholarship but not this semester/year. I know that I must forward each semester's transcript of my earned credits to the DYW of TC scholarship administrator in order to prove continuous college enrollment.

I have had continuous enrollment at a university/college/accredited institution and want to use my scholarship award now. I have kept in continuous contact with the DYW of TC scholarship administrator and am within five years of my high school graduation. I have forwarded transcripts to prove continuous enrollment. I am attaching a copy of my invoice/bill from the university.

Other Options: Textbook, Technology (laptop, ipad, tablet, or printer), Test Fees, Entrance exam fees, or Studies abroad tuition, room and board (MUST SUBMIT RECEIPTS WITH THIS FORM)

~WE CAN NOT COVER THE FOLLOWING: ACCESSORIES FOR THE DORM ROOM OR APARTMENT, PENS, PAPER, NOTEBOOK, TONER FOR PC OR LAPTOP, OR STUDY ABROAD AIRLINE TICKETS~

I do not plan to use my scholarship award.

If you do not request your entire scholarship at this time, please make copies of this form to use when your scholarship balance is requested.

Participant's Student ID Number: _____

Printed Email address: _____

Name of University: _____

Course of study: _____

Funds to be used for (tuition, etc.): _____

Participants home mailing address: _____

Printed parental email address: _____

Participants phone number: _____

Exact name, (participant's name for reimbursement OR College/University name) and address to whom
DYW of TC scholarship should be mailed:

Amount you are requesting at this time: \$ _____

Date needed by university: _____

(Remember to allow at least 5 to 7 business days from the date your request is received by the DYW of TC Scholarship Administrator)

Signature of Participant: _____ Date: _____

Signature of Parent: _____ Date: _____

Name of person completing this form: _____

Relationship to scholarship award winner: _____

Complete this form and return, along with required documentation, to:

DYW of Taylor County, PO Box 41, Campbellsville, Ky. 42719