

Tornillo Independent School District Scholarship Disbursement Request Form

Student Name:		
Student ID #:	DOB:	
Address:	City:	State:
Zip: Phone	e Number:	
Student Signature:		Date:
		e finance office within twelve (12) months
	of the student's high school gradu	ation date.
University/College/Trade	School Name:	
Remit To Address:		
City:	State:	Zip:
Admissions Office Contact	ct Name:	
Phone N	Number:	
Scholarship disbu	rsements will be processed and m	nailed to the institution listed on this form
verify that the student ha	s met all scholarship require	ments
verify that the student ha	s met an scholarsing require	illelito.
Counselor's Signature	Date	
Principal's Signature	 Date	
Scholarship Amount	Scholarship	Name:

In order to process scholarship payment, the documents listed below must be attached to disbursement request:

- 1. Student's Scholarship Award Letter
- 2. Student's University/College Proof of Enrollment

The Tornillo Independent School District does not discriminate on the basis of race, color, national origin, gender, age or disability in its employment practices, or in providing education services, activities and programs, including technical education programs. For more information regarding the Tornillo Independent School District policy of non-discrimination contact: Executive Director for Human Resources, (915) 765-3050, 7965 19200 Cobb, Tornillo, TX 79853.