



Tornillo Independent School District Scholarship Disbursement Request Form

Student Name: _____

Student ID #: _____ DOB: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone Number: _____

Student Signature: _____ Date: _____

The scholarship disbursement request must be submitted to the finance office within twelve (12) months of the student's high school graduation date.

University/College/Trade School Name: _____

Remit To Address: _____

City: _____ State: _____ Zip: _____

Admissions Office Contact Name: _____

Phone Number: _____

Scholarship disbursements will be processed and mailed to the institution listed on this form.

I verify that the student has met all scholarship requirements.

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**