



**SCHOLARSHIP DISBURSEMENT REQUEST
TO BE PAID FROM SCHOLARSHIP ACCOUNT# 265**

Scholarship Recipient

Student name: _____

FHS ID #: (5 digits) _____

School of choice ID #: _____

Amount (\$): _____

Purpose: _____

School of Choice

School Name: _____

School Rep Name: _____

School Address: _____

Number Street Name

City State Zip

*Authorization:
We certify that we have been authorized by our
organization to make this disbursement request*

*Approval:
We certify that this request has been approved
by an official vote of the Foothill High ASB on*

Student Representative

Date

Program Advisor (Print)

ASB Office

Program Advisor Signature

Activities Director

School Board Rep/Assist. Principal

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Office Use Only:

Check #: _____

Date Paid: _____