

Miss Oklahoma

 SCHOLARSHIP FOUNDATION, INC

PARTICIPANT'S REQUEST FOR SCHOLARSHIP DISBURSEMENT

I request that you disburse funds which are held for my educational expenses to the following payees. I have attached the required documentation to this form for your review. I understand that the processing of this request will require approximately three to four weeks.

Expense From: (year)	Describe Expense and Purpose	Amount \$

You must attach an original invoice and/or other documentations that justify this request.

I certify that these funds will be used to further my education or vocation in the following course of study. (Describe the degree program, course of study, vocation or course for which funds are requested). If an expense benefits, but is not part of a degree program, describe how the program will enhance your educational process.) Questions? call (918) 461-9595. Mail form, receipt and/or documentation to 10026-A South Mingo Road, #287, Tulsa, OK 74133 or e-mail to kay@missoklahoma.org.

Signature of Contestant

Date

Print Name

Mail this check to (name and address):	
My Permanent address is:	
Social Security Number:	Date of Birth:
Current Phone Number:	E-mail Address:

FOR OFFICE USE ONLY

Date Received	Account Balance	Approved By	Date Paid	Check #	Amount Paid