

LOCAL PAGEANT SCHOLARSHIP PAYMENT REQUEST

Part I - To Be Completed By Contestant

Name: _____ Address: _____
Phone: _____
SS#: _____ School: _____
Dates Attended: _____
Pageant: Miss _____
Date pageant held: _____ Local Director: _____

Check as applicable

_____ I am requesting payment of education related expenses in the amount of \$ _____.
I have attached hereto invoices, statements, bills or other evidence of amounts due.
Please pay these items directly.

_____ I am requesting reimbursement of education related expenses in the amount of \$ _____.
I have attached hereto copies of invoices, statements, bills, receipts or other evidence
of payment I have already made. Please reimburse me.

I hereby certify that I am entitled to the scholarship payment requested herein and
that all sums requested are for qualifying education related expenses.

Date: _____ Signed: _____

Part II - To Be Completed By Local Director

Total cash scholarship amount awarded to this contestant: \$ _____
Specify: \$ _____ Winner
\$ _____ Runner-Up
\$ _____ Preliminary
\$ _____ Preliminary
\$ _____ Other

Total cash scholarship amount already paid to this contestant: \$ _____

Total cash scholarship amount paid with this request: \$ _____

Total cash scholarship remaining unpaid after this request: \$ _____

Date: _____ Signed: _____
