



SCHOLARSHIP DISBURSEMENT REQUEST

YEAR ____ : ____

Student Information <i>(Print neatly)</i>					
Last Name		First		Middle	
.....					
<u>Permanent Address</u>			<u>Address at School</u>		
Street		Apt.	Street		Apt.
.....					
City		State	Zip	City	
State		Zip	State		Zip
.....					
Phone			Phone		

PLEASE INDICATE WHERE CHECK SHOULD BE SENT: Permanent Address or School Address
(circle one)

Institution Information		
Institution Name:.....		
Department:.....		
Address :.....		
.....		
City:.....	State:.....	Zip:.....

Student's Major:.....(Attach Course Schedule for Upcoming Semester)

GPA for Previous Semester _____(Attach transcript from previous semester unless incoming Freshmen)

Is student in good academic standing ?.....

I understand that the information provided above will be used in determining whether the student remains eligible for an ACE scholarship, and I certify that the information provided above is correct.

Student Signature.....

Printed Name: Date:.....

E-MAIL ADDRESS:.....

PLEASE RETURN THIS FORM TO:

ACE MENTOR PROGRAM OF EASTERN PA
36 South 18th Street, Philadelphia, PA 19106
Attn: Tiffany Millner, Affiliate Director
easternpa@acementor.org | (215) 820 8929