



MISS AUBURN SCHOLARSHIP PROGRAM

A NON-PROFIT ORGANIZATION Scholarship Disbursement Request Enrollment Verification

Date	Name of Student	
Name of Institution		
Student Status (check one): <input type="checkbox"/> Part time <input type="checkbox"/> Full Time	Amount requested	\$
Make check payable to:		
Send check to (address):		
Send check to the attention of:		
Authorized Signature:		
Print Name		
Phone Number ()	E-mail (optional)	

This is to certify that the above named student has been accepted and is registered for classes at the above named institution either full time or part time.

By signing this form, we understand that any unused funds must be immediately returned to the Miss Auburn Scholarship Program at the address below.

The Miss Auburn Scholarship Program would like to thank school officials for their cooperation in the administration of this scholarship.

**RECEIPTS AND/OR AN ITEMIZED INVOICE MUST BE ATTACHED TO THIS FORM.
INCOMPLETE FORMS WILL BE RETURNED**

Please send to:
Angie Kleinbeck, Treasurer
c/o Miss Auburn Scholarship Program
1445 Hemlock DR SE
Auburn, WA 98092

Questions? Call (253) 288-3940, e-mail angelamarie0212@yahoo.com or fax 1-866-418-1480.