



## INSTRUCTIONS TO LOCAL EXECUTIVE DIRECTORS WITH LOCAL SCHOLARSHIP FUNDS HELD IN TRUST BY SCHOLARSHIP ASSOCIATES, INC.

1. The Local Executive Director must apply for these awards on behalf on the recipient(s); do not instruct your award recipient to apply for these local awards.
2. There is a difference between the way that Scholarship Associates, Inc. distributes local awards and state awards. The candidate applies for state awards herself; the Local Executive Director applies for candidate's local awards that are held by Scholarship Associates, Inc.
3. The Local Executive Director must complete the attached form, Request for Disbursement of Local Competition Funds Held by Scholarship Associates.
4. If you will be requesting more than one local scholarship awarded during a competition year, please attach a second page listing all of your recipients and the amounts of their awards, for our records only. Disbursement forms are still required at the time of requests.
5. Verify with the Scholarship Chairperson, via email, the total amount of funds that you have on deposit with Scholarship Associates, Inc.

Do not send anything else. No further documentation is necessary.



## REQUEST FOR DISBURSEMENT OF LOCAL COMPETITION FUNDS HELD BY SCHOLARSHIP ASSOCIATES, INC

Scholarship Request will not be processed unless every field is completed.

Local Competition: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

It is the Executive Director's responsibility to keep the backup information that assures that this candidate has complied with all of the local and state scholarship rules. This form is **all that is needed** for Scholarship Associates, Inc to send a check payable to the school or lender and mail it to your award recipient. Please **do not** send backup documents. Full instructions are attached.

Name of Candidate: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Title (specify Miss or Teen) and Name of Award: \_\_\_\_\_

Student ID # or Loan # (specify which): \_\_\_\_\_

Candidate Mailing Address: \_\_\_\_\_

IMPORTANT: The check will be mailed to the candidate at the address above.

Amount being requested with this form: \$ \_\_\_\_\_  
(Note: Full amount preferred. If not full amount, must be at least 1/2 of the total awarded.)

Total amount of the Scholarship Awarded: \$ \_\_\_\_\_

Balance of Award for this Candidate: \$ \_\_\_\_\_

Make check payable to: \_\_\_\_\_  
(Must be an accredited institution of higher learning or a lender.)

Send **completed** form to Coleen Rockey, Scholarship Associates Inc,  
4190 La Fayette Place, Culver City, CA 90232  
Email: c.rockey@att.net