



State and Local Scholarship Recipient Request Form
Forward Completed Request Form to Your State Executive Director for Approval

This form is to be used to request use of your scholarship funds for the state scholarships listed below. This application must be forwarded to your State Executive Director for approval per the State Rules and Regulations. It is extremely important that your request is submitted with all documentation noted below to expedite the process.

Additionally, scholarships cannot be disbursed to colleges or universities outside of the United States, unless they are certified by the United States Department of Education, are considered an affiliate of a U.S. college, or hold a U.S. Tax ID number.

Once approved by your Local Executive Director, this form and all attachments are to be forwarded to:

Miss South Carolina Scholarship Organization
Attention: Scholarship Request
P.O. Box 297
Hartsville, SC 29551
843-857-9173

Recipient Information:

Contestant Name _____ Phone # _____
Competition State _____ Local Name _____
Street Address _____
City, State, Zip _____
Year Award Received _____ Total Award Amount \$ _____

Part or all of your scholarship may be applied towards tuition/room and board. Items required to process—please check each item attached.

Amount Requested \$ _____
-Current detailed tuition statement from university (no later than 30 days) w/school ID # & remittance address Attached ()
-Room and board requests require a tuition statement reflecting full-time status of 12 credit hours Attached ()

Part or all of your scholarship may be applied towards student loans.

Amount Requested \$ _____
-Current bill and/or bills from the lending institution. Include loan #, student's name & payment address Attached ()
-Copy of the promissory note(s) which reflects you are the primary payer of the loan Attached ()
-Official transcripts which show completion of coursework Attached ()

Please reimburse me for the current educational expenses I have paid in this fiscal year. I understand that one-time computer reimbursement may not exceed \$2,000.00 (excludes student loans).

Amount Requested \$ _____ Requires copy of bill/invoice Attached ()
-Original receipts: if paid by other than cash, a credit card statement or copy of cancelled check (front & back) must accompany the receipt Attached ()
-Class schedule and syllabus reflecting educational expenses purchased Attached ()

I understand payment of this request may take at least three weeks.

Contestant Signature

TO BE COMPLETED BY STATE EXECUTIVE DIRECTOR

PLEASE NOTE: This form only applies to the state scholarship awards listed below:

Check Award Type:

Academic () State CMNH () Academy of Honor ()
Community Service () Local CMNH () Miss America Serves ()
New Local () State Anniversary Grant () Miracle Maker Award ()

State or Local Executive Director Approval

Signed: _____ Date: _____
State Executive Director

Signed: _____ Date: _____
Local Executive Director