

Miss Northern Suburbs

Scholarship Retrieval Form

Completion of this form and the attachment of the necessary documentation are required for the payment of all scholarships. No exceptions will be made without the consent of the Miss Northern Suburbs Organization.

Date of Application: _____ Date of College Graduation (if applicable): _____

Scholarship Award(s) and Year: _____

Candidate's Name: _____

Home Address: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Parent's Name(s): _____

Parent(s) Address(es): _____

Cell Phone(s): _____ Home Phone: _____

College/University Information for Miss Candidates

Name of College or University: _____

Address: _____

Name of Contact Person: _____

Contact Phone: _____ Contact Email: _____

Student ID Number: _____

Payment Request For: _____ Amount \$ _____

Talent School Information for Teen Candidates

Name of Talent School: _____

Address: _____

Name of Contact Person: _____

Contact Phone: _____ Contact Email: _____

Make Check Payable to: _____

Payment Request For: _____ Amount \$ _____

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The Following Must Be Attached To This Document

- ORIGINAL** RECEIPTS FOR ITEMS COVERED. REFER TO CONTRACT ATTACHMENT C.
- ORIGINAL** COPY OF COLLEGE/UNIVERSITY BILL DATED WITHIN 30 DAYS
- ORIGINAL** COPY OF BILL FOR TALENT LESSONS (FOR TEENS ONLY)

I have read this document and understand that I must follow these instructions and the scholarship rules and regulations found in Contract Attachment C for my scholarship to be disbursed.

Candidate Printed Name: _____

Candidate Signature & Date: _____

Parent or Guardian Name (if under 18): _____

Parent or Guardian Signature & Date (if under 18): _____

Mail this form and attachments to:

Miss Northern Suburbs

4916 5th Street

Winthrop Harbor, IL 60096

ALLOW 3-4 WEEKS TO PROCESS

PLEASE RETAIN A COPY FOR YOUR RECORDS