A close up of a logo

Description automatically generated

**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:

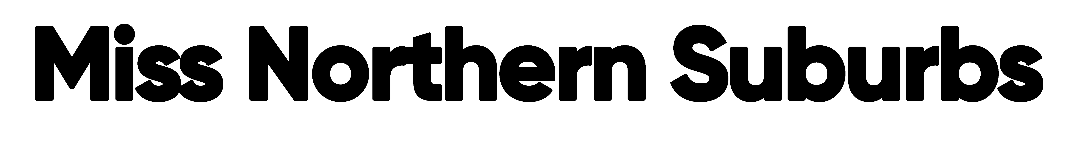
Address:

Name of Contact Person:

Contact Phone:       Contact Email:

Make Check Payable to:

Payment Request For:       Amount $



**Scholarship Retrieval Form**

**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