



Academic Year _____ to _____

Year Scholarship Awarded _____

SCHOLARSHIP DISBURSEMENT FORM

Student Information <u>Please print clearly</u>		
Last Name	First Name	MI
<u>Home Address</u>		<u>Name of Bank</u>
Address line 1	Apt #	
Address line 2		Name on Account
City	State	Zip
Phone		Account Number (Checking or Savings)
Primary email address		Routing Number
		Other email address

College/University Information
Provide the following information for the college you'll be attending next semester

Institution Name _____

Address _____

City _____ State _____ Zip _____

Your Major _____ *Attach course schedule for next semester*

GPA for previous semester _____ *Attach transcript from previous semester (except freshmen)*

Certification
I understand that the information provided above will be used in determining whether I remain eligible for an ACE scholarship, and that I certify that the information provided above is correct.

Students Signature _____

Date _____

FOR OFFICE USE ONLY
All documents have been reviewed and approved by ACE GNY _____
Yearly Payment \$ _____

Please complete and send to Scholarships@acementorny.org.