

Concord Missionary Baptist Church
Disbursement of Scholarship Funds Request
*(Please fill out and **mail** to the address below)*

Name:		
Address:		
City:	State:	Zip Code
Telephone Number:	Email Address:	
Social Security Number:	Student ID:	
Name of College or University:		
Scholarship Contact Person/Department:		
Address:		
City:	State:	Zip Code
Phone Number:		
Scholarship Amount:		
Semester Enrolled <input type="checkbox"/> Fall (yr) <input type="checkbox"/> Spring (yr)		
Recipient Name:		
Signature:		
Scholarship Committee Approval:		Date:

Official Use Only
<u>Business Office</u>
Date Received _____
Date Disbursed _____
Check # _____
Signature _____

Concord Missionary Baptist Church
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