



MISS AUBURN & MISS AUBURN'S
SCHOLARSHIP PROGRAM
 OUTSTANDING TEEN
 STYLE · SERVICE · SCHOLARSHIP · SUCCESS

**Scholarship Disbursement Request
 Enrollment Verification**

Date _____

This is to certify that _____ has registered for
 (Student name)

classes and has been accepted as a Part-Time ___ Full-Time ___ (check one) student
 at

 (Name of Institution)

We understand that any unused funds must be immediately returned to the Miss Auburn Outstanding Teen Scholarship Program.

Amount Requested: \$ _____

Please make check payable to:

Name of Institution: _____

Attn: _____

Address: _____

Signed: _____

(School, University or College official)

Print Name _____

Official Title _____

Phone Number _____

The Miss Auburn Outstanding Teen Scholarship Program thanks school officials for their cooperation in the administration of this scholarship.

RECEIPTS AND/OR AN ITEMIZED INVOICE MUST BE ATTACHED TO THIS FORM.

INCOMPLETE FORMS WILL BE RETURNED

Please Send To: Angie Kleinbeck
Miss Auburn Outstanding Teen Scholarship Program
1445 Hemlock DR SE Auburn, WA 98092
253-288-3940 angelamarie0212@yahoo.com

Please allow three (3) to four (4) weeks for processing.