



# Oregon Grand Prix Scholarship Program Request for Funds

Parent or Guardian requesting

funds: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

School enrolled at \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone \_\_\_\_\_ Attn: \_\_\_\_\_

Please complete the scholarship fund request according to the instructions designated below:

Donor Contact Information		Student Information	
<b>Donor contact name</b>	Oregon Grand Prix Scholarship Foundation	<b>Student's full name</b>	
<b>Address</b>	500 West C St Silverton, OR 97381	<b>Student ID or last 4 of SSN</b>	
<b>phone number</b>	(503)509-1174	<b>Student phone number</b>	
<b>e-mail</b>	oregongrandprix@gmail.com	<b>Student e-mail</b>	

Disbursement Instructions			
<b>Terms to apply</b>	<input type="checkbox"/> Fall 201_ <input type="checkbox"/> Winter 201__ <input type="checkbox"/> Spring 201__ <input type="checkbox"/> Summer 201_	<b>Disposition of excess proceeds:</b> (Mark one only)	<input type="checkbox"/> Return to Donor <input type="checkbox"/> Apply to future enrollment
<b>Itemization of charges covered</b> (Mark all that apply)	<input type="checkbox"/> Registration fees <input type="checkbox"/> Books <input type="checkbox"/> Supplies <input type="checkbox"/> Parking Permit <input type="checkbox"/> Monthly Tri-Met Pass <input type="checkbox"/> Other: _____	<b>Enrollment Type</b>	<input type="checkbox"/> Full-time enrollment <input type="checkbox"/> Part-time enrollment <input type="checkbox"/> Credit courses only <input type="checkbox"/> Other: _____

I/we understand that Grand Prix will do its best to administer the funds according to the instructions listed above. Furthermore, I understand that a representative of Grand Prix will contact me/us in advance of disbursement if unable to meet the terms requested. So long as the college is acting in good faith in following these instructions, I/we agree to hold the college harmless for inappropriate use of the funds by the scholarship recipient or his/her failure to attend or complete the required course work.

X \_\_\_\_\_  
(Signature of Authorized person requesting funds)

\_\_\_\_\_  
(Date)