

**SCHOLARSHIP REQUEST FORM
MERRIMACK HIGH SCHOOL SCHOLARSHIP PROGRAM**

Date: _____

To: _____
(Scholarship's Treasurer/Organization as written on the AWARD LETTER)

From: _____
(Scholarship recipient)

Student's Address: _____

Student's Phone number: _____

Student's Email: _____

Student's ID or account number: _____

Copy of the Tuition Bill*: attached (check)

I am requesting payment for _____ of \$ _____
(Name of the scholarship) (Amount)

COLLEGE INFORMATION *(Refer to your tuition bill):*

Please make check payable to: _____

The check should be mailed to: _____
(Name and Address of the institution)

*Signature of the Recipient or
Legal Guardian/Parent if under 18*

Date

*check on the award letter which bill is requested.