



SCHOLARSHIP FUND DISBURSEMENT RECOMMENDATION FORM

Scan and email to: Executive Director, Brienne Hooker at: bhooker@jasperfdn.org

or mail to: P.O. Box 295, Rensselaer, IN 47978

Name of Fund: _____

Scholarship Funds
If you decide to disburse a larger scholarship amount than what has been approved for the year - please send a check for the difference to our office with this form.

I elect to distribute **one** scholarship in the amount of _____

I elect to distribute _____ (more than one) scholarships in the equal amount of _____

I have enclosed a check for the difference of _____

Remaining Disbursement Balance:
Leave as Available to Spend for future years _____

Reinvest in fund _____

Please call me to discuss _____

OFFICE USE:
Grant Entered into FIMS _____ <i>date/initial</i>

Signature of Authorized Fund Representative: _____

Print Name: _____

Email: _____

Phone: _____

Date: _____