



SCHOLARSHIP FUND DISBURSEMENT RECOMMENDATION FORM

Scan and email to: Program Director, Ashley Hughes at: ahughes@jasperfdn.org
or mail to: PO 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:
(if you don't award scholarships for the entire amount of your 2022 disbursement, please let us know what to do with the balance)

Leave as Available to Spend for future years \$ _____

Reinvest in fund \$ _____

Please call me to discuss _____

OFFICE USE:
Grant Entered into FIMS
date/initial

Signature of Authorized Fund Representative: _____

Print Name: _____

Email: _____

Phone: _____

Date: _____