

# Miss Missouri's Teen

## DELEGATE REQUEST FOR SCHOLARSHIP FUND DISBURSEMENT

I request that you disburse funds, which are held in trust for my educational expenses to the following payees. I have attached the required documentation to this form for your review. I understand that the processing of this request will require approximately three weeks. The amount requested cannot be more than what a delegate was awarded.

Expense From	Describe Expense Purpose	Amount \$

You must attach a COPY of the original invoice as documentation.

I certify that these funds will be used to further my education or vocation in the following course of study. Describe the degree program, course of study, vocation or course for which funds are requested. If an expense benefits, but is not part of, a degree program, describe how the program will enhance your educational process.

Questions? Contact Steve Wilson at [mmotexdirector@gmail.com](mailto:mmotexdirector@gmail.com) or Simone Esters at [mmotorg.simone@gmail.com](mailto:mmotorg.simone@gmail.com)

Campus Financial Aid Office Address:		Personal Address:	
Signature	Print Name:	Student ID:	Phone#

### FOR OFFICE USE ONLY

Date Rev'd	Account Balance	Approved by	Date paid	Check #	Amount Paid \$
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EMAIL TO: [MMOTORG.SIMONE@GMAIL.COM](mailto:MMOTORG.SIMONE@GMAIL.COM)

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