



KENTUCKY

REQUEST FOR SCHOLARSHIP FUNDS

INSTRUCTIONS: This is a digital form that can be completed with a PDF reader and signed electronically if your PDF reader supports that functionality. Once completed, email or mail this form and the required documentation noted below, to:

Ruth Hedges, DYW of Kentucky Scholarship Administrator
1248 Wyndham Forest Circle
Lexington, KY 40514
EMAIL: KYscholarships@distinguishedyw.org

Please allow 30 days to process this request and to distribute scholarship funds. If you have questions regarding this form or the distribution of scholarship awards, call or text Ruth Hedges at (859) 619-7052.

Participant Full Name: _____ Year Participated: _____

Have you requested and received all your local scholarship awards? YES NO

Total amount of scholarships earned with Distinguished Young Women of Kentucky: \$ _____

Amount of scholarship award funds are you are currently requesting: \$ _____

SELECT ONE STATEMENT BELOW THAT APPLIES TO THIS REQUEST.

Follow the instructions provided for the selected statement.

- I plan to use my Distinguished Young Women of Kentucky scholarship award(s) as a full-time student at college or university for the Fall term following my high school graduation. The following documents are attached:
 - ✓ Copy of my invoice/bill from the college/university; **and**
 - ✓ Copy of my college/university schedule for the term.
- I am within five years of my high school graduation, have had continuous enrollment at a college/university/accredited institution, and want to use my scholarship award(s) now. The following documents are attached:
 - ✓ Transcripts to demonstrate continuous enrollment; **and**
 - ✓ Copy of my invoice/bill from the university.
- Other (please explain): _____

IMPORTANT: Your request for funds will not be processed unless the required documentation listed above is included with this completed document.

PARTICIPANT'S STUDENT INFORMATION

Name of College/University: _____ Student ID #: _____

Course of Study: _____

What will the funds be used for? (Example: tuition, books, activity fees, room and board):

Participant Phone: _____ Email Address: _____

Home Mailing Address: _____

Parent/Guardian Phone: _____ Email Address: _____

Mail scholarship awards funds to: Participant (reimbursement) College/University (payment of invoice)

Provide the EXACT name (either the participant or college/university) and mailing address where scholarship funds are to be sent:

If mailing directly to a college/university, enter the due date: _____

Reminder: Should be at least 30 days from the date this form is submitted.

Participant Signature: _____ Date: _____

Parent/Guardian Signature*: _____ Date: _____

*Only required if Participant is under 18.

Name of person completing this form: _____

Relationship to scholarship award winner: _____

If you do not request your entire scholarship at this time, a new form must be submitted in the future to request the balance your scholarship award(s).