

For Official Use Only

Name _____	Amount _____
Year _____	Scholarship _____
Date Received _____	Scholarship _____
Questionnaire (Page 1) _____	Scholarship _____
Questionnaire (Page 2) _____	Check Sent To _____
Affidavit _____	Check # _____
Proof of Enrollment _____	Date Mailed _____
Transcripts _____	Disbursement _____
Comments _____	

*Funding Document #2011
Questionnaire*

The George Snow Scholarship Fund, Inc.

1860 North Dixie Highway
Boca Raton, FL 33432
(561) 347-6799

Dear Scholarship Recipient:

Please complete the following questionnaire as required for your "Request for Funds". We will not process any "Request for Funds" unless all requested information is supplied.

Please place a check mark next to the appropriate statement.

___ I will be taking a disbursement this semester.

___ I WILL NOT be taking a disbursement this semester.

Name: _____

Your Mailing Address at School :

Home Address: _____

City: _____ State: ___ Zip: _____

City: _____

Student Cell Phone #: (____) _____

State: _____ Zip Code: _____

Student Email Address: _____

Home Phone: (____) _____

Name of Institution: _____

3) Are you employed while at School? _Yes_ No If Yes, Provide Name of Employer and number of hours per week.

4) List any memberships in school or professional organizations.

George Snow Scholarship Fund, Inc.

Scholars Affidavit

“Internal Revenue regulations require that your scholarship grant be used for qualified tuition and related expenses in order for it not to be taxable income to you. Qualified tuition and related expenses consist of tuition, fees, books, supplies, and equipment required for the courses of instruction at an educational organization. Examples of expenses that are not qualified tuition expenses are room and board and other general expenses. We suggest that you consult with a tax specialist to determine the tax consequences of your grant.”

I have read and understand the above statement and attest that these funds will be used accordingly. Failure to do so will result in forfeiture of any additional funds.

____/____/____
Date

Signature

Print Name