



NCPBL Professional Division-Foundation, Inc. Scholarship Disbursement Request Form

Student Name:	
Home Address:	
Chapter Affiliation:	
School Address:	

Spring Semester Class Schedule

Class #1:	
Class #2:	
Class #3:	
Class #4:	

Submission Checklist

Student Schedule:	Please include an official copy of your class schedule for spring semester.	Completed:	
Tuition Bill/Statement:	Please include an official copy of your tuition bill or statement.	Completed:	
Student Transcript:	Please include a copy of your school transcript.	Completed:	
Advisor Statement:	Please prepare a brief statement verifying the student's continued involvement in NCPBL.	Completed:	

Acknowledgement

I acknowledge that all information included in this disbursement request is true and factual to the best of my knowledge. I understand that all disbursement requests will be completed within two weeks of receipt of this form with all documentation completed. NCPBL Professional Division-Foundation, Inc. may request further documentation if necessary. Any additional documentation will be requested within two weeks of receipt of the disbursement form. All decisions of the Scholarship Committee are final.

Student Signature:			
Adviser Signature:			
Board Member Signature:		Received Date:	