



# ACE MENTOR PROGRAM OF OREGON

*To be completed by ACE Staff*  
Payment:  
Request Date:  
Amount:

## Scholarship Disbursement Request Form

**Student Information:** *To be completed by student. (Please complete this digitally. [PDF Editor if needed](#))*

Last Name \_\_\_\_\_ First \_\_\_\_\_

Student Number \_\_\_\_\_

<u>Student's Permanent Address</u>	<u>Student's Address at School</u>
Street/Apt.: _____	Street/Apt.: _____
City/State/Zip: _____	City /State/Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

**Institution Information**

Institution Name: \_\_\_\_\_

Attention of: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Make check payable to: \_\_\_\_\_  
*(College/Institution Name)*

Student's Major: \_\_\_\_\_

*I understand that the information provided above will be used in determining if I remain eligible for an ACE scholarship. I certify that the information provided above is correct.*

*I have included a copy of my transcript and/or class schedule.*

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Email:** [ace@portlandworkforcealliance.org](mailto:ace@portlandworkforcealliance.org) with your first and last name and scholarship in the subject line. This form and your transcript/proof of enrollment must be attached.

**Questions:** Call or Text 503.415.0579; email: [ace@portlandworkforcealliance.org](mailto:ace@portlandworkforcealliance.org)