



Rhode Island Scholarship Disbursement Request

A. Background

Name: _____
Last First Middle Initial

Home Address: _____
Street Apt.

City State Zip

Telephone: (____) _____ E-Mail: _____

B. School Information

College Attending: _____

School Address: _____
Street Apt.

City State Zip

Telephone: (____) _____ E-Mail: _____

Major: _____ Anticipated Graduation Year: _____

Mailing Address for Scholarship Check (*circle one*): Home Address School Address



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C. Include the Following with this request

1. Official Transcript

For Entering Freshmen – Attach an official high school transcript in a sealed envelope, stamped and signed by an officer of the school.

For Returning Student – Attach an official college transcript in a sealed envelope, stamped and signed by an officer of the school.

2. Proof of Enrollment

Attach a copy of your class registration for the upcoming semester.

E. Certification

I certify that the information provided in this disbursement request form is complete and accurate to the best of my knowledge. Falsification of any information will cause disqualification from the Scholarship Program.

Applicant Signature: _____ Date _____

Upon completion of the Scholarship Disbursement Request, sign and return immediately to:

ACE Mentor Program of RI
Attn: Scholarship Committee
P.O. Box 5722
Providence, RI 02903

Disbursement Requests must be post marked by the following dates:

FEBRUARY 1ST for Spring Semester

SEPTEMBER 1ST for Fall Semester