



**ACE Mentor Program of
Greater New York**

**Academic Year _____ to _____
Year Scholarship Awarded.....
Scholarship Disbursement Form**

Student Information <i>Please print neatly !!</i>			
Last Name	First	M.I.	Social Security No.
.....			
<u>Home Address</u>		<u>Address while at College</u>	
Address Line 1		Address Line 1	
.....		
Address Line 2		Address Line 2	
.....		
City	State	Zip	
.....	
Phone	Phone		
.....		
Primary Email Address:		Other Email Address:	
.....			
College/University Information			
<i>Provide the following information for the college you'll be attending next semester</i>			
Institution Name:			
Address:			
City: State: Zip:			
Your Major Attach course schedule for next semester			
GPA for previous semester: Attach transcript from previous semester (except freshmen)			
Certification			
I understand that the information provided above will be used in determining whether I remain eligible for an ACE scholarship, and I certify that the information provided above is correct.			
Student's Signature:			
Date			
If I am still eligible, please mail the check to my (<i>circle one</i>): Home Address School Address			
All documents have been reviewed and approved Ed Jerman _____			

Mail this completed form, and the attachments to,
Ed Jerman
ACE Mentor Program
308 Frederick Street
Dix Hills, NY 11746