

## Scholarship Disbursement Request ACE Mentor Program South East Tennessee and North Georgia Year 2011-2012

Student Information (To be completed by student. Print neatly)				
Last Name		M.I.	Social Security No	0.
I hereby give ACE Mentor Program the ability to check my academic records each year (Initial)				
Street	nent Address Apr		Address at School	Apt.
City State	Zip	City	State Zip	
Phone		Phone		
Institution Information (To be completed by the institution)				
Institution Name:				
Attention of:				
Department:				
Address:				
City:Zip:Zip:				
Make check payable to:(College/Institution Name)				
Student's Major:				
Is student in good academic standing? (Not applicable for freshmen students)				
I understand that the information provided above will be used in determining whether the student remains eligible for an ACE scholarship, and I certify that the information provided above is correct.				
Authorized Signature				
Printed Name:				
Title:				
Date:				

RETURN FORM TO: ACE Mentor Program South East Tennessee and North Georgia