



ACE Mentor Program of Oregon Scholarship Disbursement Request Form

Date: _____

Student Information *(To be completed by student. Print neatly)*

Last Name _____ First _____

I have emailed a copy of my transcript or class schedule as proof of enrollment
Student Number _____

Student's Permanent Address

Street/Apt.: _____

City /State/Zip: _____

Phone: _____

Email: _____

Student's Address at School

Street/Apt.: _____

City /State/Zip: _____

Phone: _____

Email: _____

Institution Information *(To be completed by the institution)*

Institution Name:.....

Attention of: Title:

Department:.....

Address:.....

City: State: Zip:

Make check payable to:.....
(College/Institution Name)

Student's Major:

Student is in good academic standing? _____

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: Phone No Fax No

RETURN FORM TO:

ACE Mentor Program of Oregon

Scan/Email to: ace@portlandworkforcealliance.org

Mail to: PO Box 15007, Portland, OR 97293

Questions: 503.415.0579; ace@portlandworkforcealliance.org