



Rod Link Memorial Scholarship Request for Disbursement

Date: _____

Name: _____

Make check payable to: _____

Mail to: _____

City: _____ State/Prov _____ Zip _____

Year I received my scholarship: _____ I have paid the registration fee for the
following courses and successfully completed same:

<u>Course or Event</u>	<u>Date</u>	<u>Reg Cost</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____

Complete and return by email to Lori Hart (lhart@fairsandexpos.com)

OFFICE USE ONLY:

Award Year = _____ \$ _____ Remaining Use by ____/____/____

OFFICE USE ONLY – AUTHORIZATION TO PAY

Date ____/____/____ By _____ From: Education Foundation Account# _____