

Rhonda Livingstone "Dream Big" Memorial Scholarship Winner Request for Disbursement

Date: _____

Name: _____

Make check payable to: _____

Mail to: _____

City: _____ State/Prov _____ Zip _____

Year I received my scholarship:

I have paid the travel expenses and registration fees for the IFM courses I attended
and successfully completed.

Course or Event

Date

Reg Cost

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 _____