Student Mini Scholarship
ESTIMATE FORM

Scholarship Name: **Recipient Name:**

Briefly describe the intended use of the scholarship:

ITEMIZED USE OF FUNDS

Date	Expense description	Vendor / organization	Amount ($)	Receipt attached?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Total Estimate $_____ **Remaining Balance (if any): $**_____

I certify that the scholarship funds were used for the purposes stated above.

Parent Signature: _____ **Date:** _____

SCHOLARSHIP COMMITTEE REVIEW

SUPPORTING DOCUMENTATION

☐ Receipts attached ☐ Invoices attached ☐ Other (specify): _____

Date Awarded: **Total Amount Awarded: $**

Reviewed By: _____ **Date:** _____

☐ Approved ☐ Follow-up needed