

**Collins Scholarship  
Check Request Form**

Date: \_\_\_\_\_

**Payable to:**

<b>Name:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>City, State, Zip</b>	
<b>Account #</b>	

<b>Scholar:</b>		<b>School:</b>	
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	DESCRIPTION of EXPENSE	AMOUNT
	<b>Total:</b>	

**Mark all that apply to this funding request:**

Receipt/Invoice/Statement Attached: \_\_\_\_\_ Other: \_\_\_\_\_ Reimbursement: \_\_\_\_\_

**Only COMPLETE forms with accompanying documentation will be approved.**

~ Office Use ~

\_\_\_\_\_  
**Collins Scholarship Administrator Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Approval Signature**

\_\_\_\_\_  
**Date**

COLLINS ED FUND AGCY  
Community National Bank and Trust

\_\_\_\_\_  
QB \_\_\_\_\_

\_\_\_\_\_  
xcl \_\_\_\_\_