Lloyd D. Russell Memorial Scholarship Program

Request for Payment of Funds

This form must be completed for authorization to release scholarship money.

Name_____

Address_____

_____

Phone_____ Social Security #_____

Funds will be paid directly to the college, university, vocational or technical institution of higher learning and credited to your account within (6) years.

Institution_____

Address_____

_____

Include any other pertinent information to assure the funds are credited properly.

This form must be returned to: Joy Kellenbarger
2026 Lake Road SE
Lancaster, Ohio 43130

_____ _____
Signature of Scholarship Recipient Date

_____ _____
Signature of Parent or Guardian if recipient under 18 Date