

AROOSTOOK COUNTY FEDERAL SAVINGS AND LOAN ASSOCIATION Scholarship Request Payment Form

ERSUNAL INFURMATION		
1. Full Name		
LAST	FIRST	MIDDLE
2. US Social Security number	(Last four digits) 3. Birth date ((mm/dd/yy)
4. Permanent Address		
	ADDRESS NUMBER AND STREI	ET
CITY	STATE	ZIP
5. Permanent Phone ()	Email Address	
ΓUDENT ENROLLMENT &	COLLEGE INFORMATI	ON
6. College Name	7. Student's College ID Number	
8. Financial Aid Office Address		
	ADDRESS NUMBER A	ND STREET
CITY	STATE	ZIP
9. Financial Aid Office Phone ()		
10. Student is enrolled: Half-time	Full-time	
SUBMISSION INSTRUCTION	NS	
Scholarships awarded by Aroostook County	Federal Savings and Loan Association m	ust be used within the designated two- or
four-year eligibility period, as outlined in yo	ur award letter and the Scholarship Fund F	Program.
Scholarship funds are disbursed in December maintaining a cumulative GPA of 3.0 or his	rr/January following completion of the fall igher and the approval of your transcript by	semester, and are contingent upon y the Association's President.
To ensure timely processing, this form must	t be fully completed and submitted along v	with your official fall semester grade
transcript and an i temized semester bill fr obtaining your grades. Incomplete or missin		
required documents have been received and		1 8
For questions or assistance, please contact u	s by email, phone, or mail using the information	mation provided below.
IAIL or EMAIL this form, off	icial grade transcript, and	itemized hill to:
IAIL of EMAIL this form, off	iciai grade transcript, and	iterinzea om to.
Aroostook Savings & Loan		
Attn: Curt Paterson 43 High Street, Caribou, ME 04736	~ or ~ cpaters	on@yourhomebank.com
207-498-8726		
Approved By: Appro	ved Date: Processed By:	Processed Date: Log Date:
ANIVICE.	Trocosed by.	Processed Date: Log Date: