

OCEAN CITY HIGH SCHOOL
SCHOLARSHIP TEAM - OVES/ROCKS
501 Atlantic Avenue, Ocean City NJ 08226
609-399-1290 ext. 8753

This form **MUST** be completed and returned to Eileen Rocks at the address listed above, along with a transcript of completed first semester grades and any additional requirements set forth in the specific scholarship. The disbursement of funds will begin in January after the semester of attendance. Additional copies may be made if necessary.

*PLEASE NOTE***In order for the scholarship to be paid to the individual rather than the school, a copy of the paid invoice from the college/school must be enclosed along with a note requesting this form of payment.*

SCHOLARSHIP PAYMENT REQUEST

DATE _____

MAKE CHECK PAYABLE TO (X) _____ STUDENT (see above criteria) _____ SCHOOL

Student's Name _____ Social Security # _____

Student's Address _____

School (Specific address for Billing or Bursar's Office):

Name of Scholarship(s) 1) _____ Amount \$ _____

2) _____ Amount \$ _____

Approval from Scholarship Team - Student information meets criteria ____ yes ____ no
Rocks/Oves _____

OFFICE USE ONLY

Date money received from organization _____

Date check written: _____ Check # _____ Check Amount : _____

Date check written: _____ Check # _____ Check Amount : _____

Requested by Mr. Matthew Carey, Director of Student Services Approval _____